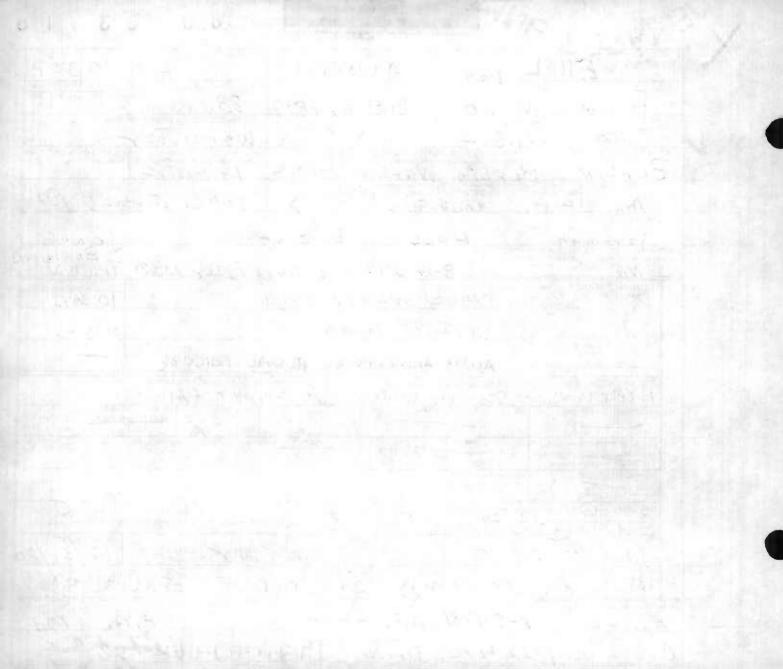
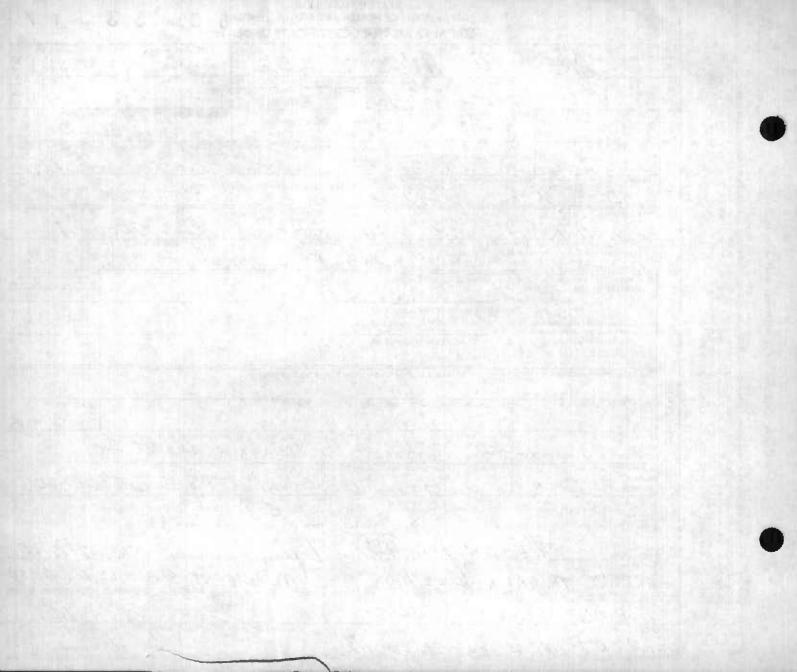
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



								STATE	OF MAR	YLAND					4119		one
10	TO THE STATE OF TH		OR			DE	PARTME	NT OF HE	ALTH AN	ND MENT	AL HYGIEI	NE ()	3	5 3	3		/
1/	THE REAL PROPERTY.		STATE			MEDI	CALEX	AMINE	S'S CER	TIFICAT	E OF DE	ATH	250 110				,
			REGISTRAR					A11111 161		THICAT	L OI DE		REG. NO.				
1002	**		EASED NAME	FIRST		1	MIDDLE	. 1 -	LAST	,	-	20. DATE K	NOWN X	HINOM		- 4	b HOUR
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111	ANS ANS I			31/11/1/	,		110	6			pci			MONTH			
1		3. SEX	100	4 RACE	S. DATE C	F BIRTH		AGE (IN YEARS	IF UNDER		VDER 24 HRS		CED	MUNIH	DAT	TEAR 2	d HOUR
(,)	SZ S		m	11/	11	27	3/	11/1	MONTHS	DAYS HOUR	RS MIN	PRONOUNG	CED	12	2719	80	95
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	PRES PRES	10	A COUNTRY		11	151		V	/IDOWED		ORCED		4181	CCES	STE C		
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	Della To	LICITA	10 C. CO	IF IN NURSING HOME C		//,	OF CHOCK HEE	OS ADMISSIONAL			166	10 11-11	4/4/	hay	(ho	, PUL	L
_		13g. S		13b COUN		IIUTION, GIVE	13c. CLTY OR	IOWN	1134	INSIDE CITY LIMI	1757 13e ST	REET ADDRES	is _				
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WD.	T 04 -	14 FA	THER'S NAME		ANDDI Se		TASI		15. 4	MOTHER'S M	MAIDEN NAM	IE /MI	DDLE		LAST		
	R DEATH AGES 1, ORM PM PM 1 AND 2	/	118/60	DAKKEP	1	6136	4111	11/6	6	FICAL	466	KKS	157	100	mes	1	
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BALTIMORE,	E III O	, , ,	VES	51-	54		219-	34-29	03	KUTA	L HE	0/4015	7	134	RUM	2/11	10.
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	IB. G. WIT. PA		18 CAUSE O	F DEATH (Enter an	ly ane caus	e per line fo	ar (a) (b), an	id (c).) -	11	111					BETWEEN		
ST.,	N 24 HOU VITEM 1B. ALONG V T PERMIT. YGIENE, D	8.4	PARTIDE	ATH WAS CAUSE		(-)	1/1/1/bx	14/11	NUM	N NA	HIAIR	1					
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vi.	SHOULD BE EXECU ORD "PENDING" IN CHIEF MEDICAL IS E USED AS A BURI OF HEALTH AND AL CREMATION, C		PART 2 OTNER SI	SNIFICANT CONDITIONS			T NOT RELATED	TO THE TERMINA	DISEASE OR O	CONDITION GIVEN	N IN PART 1 In			-			
2	PENDING F MEDICA ED AS A B HEALTH AI REMATION	7															
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¥	SHOULD TO THE CHIEF OF HE	5	5-178-5												VEC		
=	TE SHO WORD HE CHI	rē.	T. Strate												YES		NO 🔀
4	AEN BUR	100		L CAUSE WAS		TIME OF I		V VEAR	21c. HOW	HUURY OCC		R NATURE OF INJU		ARTOI OR PAR	1 21		
7	TO THE THE	3	UNDERLYING			254	MONTH DA		(1)	Mrs AD	un on	use a	na res	1 64	C		
DIVISION OF VITAL RECORDS,	S CERTIFICATE SHO RRITING THE WORD RE 3 SHOULD BE US E DEPARTMENT OF I PRIOR TO BIRDA.	MEDICAL CERTIFICATION		NG CAUSE OF			1-1	7 1980									
/15	ERT ED SH SIOR	03	21d. INJURY C				INJURY (AT HOME,	21f. LOCAT		1 11	CITY OR TOTAL	4 4	-	150.0	1	STATE
5	WRITING WRITING WARDE AAGE	Z	WHILE	NOT WHILE AT WORK	8	u	SII3		4511	13 Spate	1/2 m	i DA	Valiano	160	Oldle 1	well	
	JER: THIS CER TAE, WRITING FORWARDED OR: PAGE 3 HE STATE DEP 10, 21201 PRIO		AT WORK	ATWORK		u	9117		0011		-			4	A COLOR	-	_
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	EXAMINER: CERTIFICATE UID BE FOR DIRECTOR: WITH THE JARYLAND. 2		200				PKT	7		1				, ,			
			death result	ed fram: Natu	ral causes	L. /	Accident L2	Suicio	le L.J.	Hamicide L	Und	etermined ma	nner [],				
	CA ERT WIT RYI		and the	11	111	11	1	no	0	TITLE PECE	EY)					/	1
	MA WA		ACTUAL	4	nam.	INS	ronu	- 14h	1	NAME	1600 00	DICALEXAM	and the same	DATE	12/	27/	80
	AATH ATH		SKINATURE,	V	LEE FIG	1	1	-	m,u	e gar	7	A 22-10 (2011)	No.	SHUME	111	1	
	OS O		ALL PIEDLE	11AA4E		1 4		HA.		1	200		QUILLE	1411	1 MA	1. 2.	1867
	MEDICAL E ECUTE THE GE 4 SHOU FUNERAL TER DEATH, UTMORE, M.	-	EXAMINER'S	VI) THO	MAS	N-40	WES.	M.O.	ADD	DRESS 11	LYEA	el ST,	Jivell	1116	-1111		
	TO MEDICAL EXAMINER: THIS CEXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STAFE (BALTIMORE, MARYLAND, 21201 P	22. D			23b. DATE		122. 544.4	AE OF CEME				LOCATION					
	F m d F ≪ 00	230.B	STECHEN)	A . KEMOVAL	ZOB. DATE	-9	136. NAA	1 Ale	ILKI OK CI	mo	0	133-973,	11 1	coup	ALA	n NAT	8
	BP		BUEL	46	12-3	0.80	150	10551	/	11,10.		EKLI	1, 6	JOK		11)	
		24. F	UNERAL DIREC	TOR	1		1		A	25a. C	DATE REC D	BY REGISTRAL	R 256 REGIS	TRAR'S S	GNATURE	1	
	DHMH - 17 (VR A15 ME (5))	111	NAMED 1-	11 12 -		APPLESS	. the	01.11	MA	+15	ARL F	1001	1834	and B	va M		
	15M 7/76	10%	LKICI	U. FURE	KAL	KEN	- 5	-612,1	110.		ATT D	1250		1/1	recres	ace	



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(TYPI	REGISTRAR CEASED NAME FIRST E OR PRINT)		MIDDLE	R'S CERTIFICATE OF	20. DATE KNOWN X OF ESTI-	MONTH DAY YEAR	2b. HOUR
2 ×	WOOG		Thomas	Cropper	DEATH MATED	17	М
3. SEX	ale black	S. DATE OF BIRTH	1948 3.2 YRS	MONTHS DAYS HOURS	4 HRS. 2c. DATE MIN. PRONOUNCED DEAD	12 149 80	24 HOUR pm 8:50
	RTHPLACE (STATE OR REIGN COULAND	JE CITIZEN OLA	S.A.	MARRIED NEVER MARRIE	P □ .	ter County	MD
10	TY OR TOWN OF DEATH	(IF NOT IN SUCH F	SPITAL, NURSING HOME, FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	124 USUAL OCCUPATION (TYLE FOR MOST OF WORKING LIFE)	PE OF WORK 176 KIND OF BUS	INESS
	comoke City L RESIDENCE (# IN NURSING HO)		ng Mill Road	1)	Labore	r Facto	ry
5 136. ST	Md. h	Janoes ex	POCOMOK	13d. INSIDE CITY LIMITS? YES X NO	T Laure	1 St.	/
Po USUA 136. S1	THER'S NAME	MIDDLE	Cropper	15. MOTHER'S MAIDEN	MIDDLE	Datas	
	/AS DECEASED EVER IN U.S., s, NO OR UNKNOWN) (IF YES, G	ARMED FORCES?	16b. SOCIAL SECURITY	NO. 17. INFORMANT	a ADOMS	Laurel Stin	1CA
1	NO		218-48-86	13 Emma IV.	rapper to	ocamoke, Me	4
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	SED BY:	e for (a), (b), and (c).)	intoxication	with thermal i	APPROXIMATE IN SETWEEN ONSET A	ND DEATH
MEDICAL CERTIFICATION MEDICAL CERTIFICATION	8920 IMMED	MATE CAUSE (U)	R AS A CONSEQUENCE OF				
WGW	Canditions, if any, who						
	cause (a) stating the <u>und</u> lying cause last.		R AS A CONSEQUENCE OF				341
	PART 2 OTNER SIGNIFICANI CONDITIO	(c) One contributing to deat:	K BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PART	1.a		
NO O			•				
CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?	
E E	210 EXTERNAL CAUSE WAS	21b. TIME C	DE INJUIDA	Tal Have been a consequent			NO 🗌
10	UNDERLYING OR	HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED			
MEDICAL	CONTRIBUTING CAUSE C		M. 12/14 1980	Driver found i	it buttiting barr	ned adoo.	
N. M.	WHILE NOT WHILE AT WORK	STREET, FAI	ed area	Fleming Mill	Road, Worchest	ter Co, Md.	STATE
	22a. I certify that I taak ch	orge of the removes de	escribed obove, held on	Autapsy , Inspection	, Inquiry, o	nd in my opinion	
8 1 1	death resulted fram: No	ot rol for ses ,	Accident . Suic		Undetermined monner		
	4	THE DE	ino	TITLE (SPECIFY) ASSISTAT	TEMEDICAL EXAMINER	DATE	30
MARYLAN	ACTUAL O	1				SIGNED/ ~~/	
7	SIGNATURE	1	- 1 1 1 - 1 - 1			0.0	
3 -	ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Hormez R	. Guard, MD	ADDRESS 111 Pe	enn Street, Bal		
BALIMORE MARYAND	SIGNATURE						

Allegations of the second of t

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

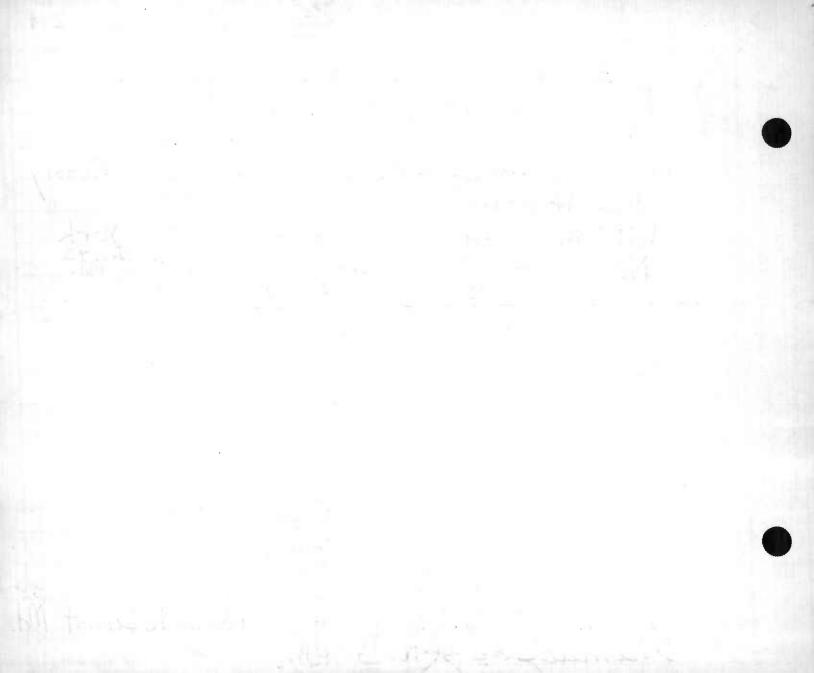
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 3	3 3 2 0
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
1	(TYPE OR PRINT)	SUSAN	CUSTIS	December 15.	1980 M
3.	. SEX	4 RACE	5 DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
	female	white	Nov. 18, 1891	89 YRS M	ONTHS DAYS HOURS MIN
7	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
5	Virginia	USA	WIDOWED DIVORCED	Worcester	MD.
)	Pocomoke	Cedar Hall		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) housewife	126. KIND OF BUSINESS OR INDUSTRY
1	JSUAL RESIDENCE (IF NURSING HOME 138. STATE 138 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 136. CITY OR TO		13e. STREET ADDRESS	
M		rcester Pocom	oke YES NO DO	Cedar Hall R	load
ľ	4 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
D	James	M. Custi		7	Justis
18	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, C)	ARMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 214-16		ADDRESS Route	#2,Box 321 oke, Md.
	PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 199 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE TO CONDITIONS CONTRIBUTING TO 19b. CONDITIONS OF INJURY	UENCE OF LEGISTIC UENCE OF LEGISTIC UENCE OF LEGISTIC DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		spritch attended the deceased from on 19	ond that in (my) (aux) opinion	death occurred on the date and hour	9 that (I) lost ond from the couses stoted 22c. DATE SIGNED
	Charles V	V. Trader	M.D POCO	DOTRECTOR PHYSICIAN D	Md.
	Burial, cremation, remov Burial		Nelson Cemetery	Pocomoke Wor	cester Md.
2	SWIS MUS	Pocomoke		SEC 2 % 1980	RAR'S SIGNATURE

Pocomoke City, Md.

15, 1980 4 18	recheers ag	4		Myson Int	AGA	
		18, 191	. voa	at Like		o.Eampt
	tardes			1 186		nkolyniV
70	iwenton		book i	Lail Tabas		plomone
tend (in	Zabs		police	enter Poco	o son	bnelvae
B. Lyan G		Montagon -	air air	Cust	April 1	29/15/6
Courte 12, 805 32	aloudia					OFF
		100				
. Di waraesano			nos La	12/19/10		ini ana
				Sichool		
	1-1-54			8 GWCDO	(100)	143.1

(VRA 15, 4) 7/78

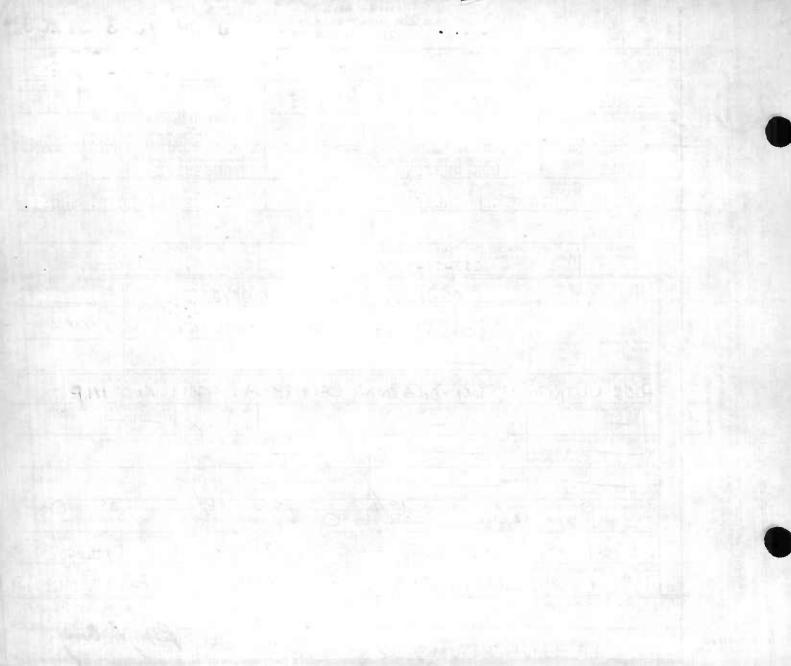


I. DECEASED NA. (TYPE OR PRINT)		tricia	WIDDLE		LAST		ning	C)F E	OWN XX MORESTI-	14	YEAR 19 80	2b. HOU
sex female	* RACE black	5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY) YRS.		R 1 YR. IF U	INDER 24 HRS	2c. DATE PRONOUNCE DE AD	MON		YEAR	8:50
70. BIRTHPLACE FOREIGN COUNTRY	STATE OR	76 CITIZEN OF WH	AT COUNTR	Y? 8	MARRIED	□ NEVER	MARRIED		chester		DEATH	AAI
Pocomok	e City	11 NAME OF HOSE (IF NOT IN SUCH FACE Fleming)	Mill Re	oad		NSTITUTION	FOR	UAL OCCUPAT MOST OF WORKING	TION (TYPE OF WO	0	ND OF BUILD INDUSTR	RY
Md.	13b COUN		13c CITY OF		ty 13d.		o St R.F		Box 340)		
Garnet	A. Down		LAS	t L SECURITY N		MOTHER'S FIRST DELOT		Coulbor			LAST	
(YES, NO, OR UNKI	(IF YES, GIVE	WAR OR DATES)	215-7	2-2829					como ke		Md.	
> 89 Condit	DEATH WAS CAUSE DIMMEDIA Dons, if any, which	TE CAUSE (o) GA	rbon M	lonoxid		oxica	tion wi	th ther	rmal in	BET	WEEN ONSET	AND DEAT
couse (rise to immediate a) stating the <u>under</u> - use last.		AS A CONSE	QUENCE OF		d.						
couse (lying co	a) stating the <u>under-</u> luse last.				AL DISEASE OR	CONDITION GIVE	EN IN PART 1 a					
couse (lying co	a) stating the <u>under-</u> luse last.	OUE TO, OR A	UT NOT RELATED								AUTOPSY?	
couse (lying co	SIGNIFICANT CONDITIONS FOPERATION IAL CAUSE WAS G OR ING CAUSE OF	CONTRIBUTING TO DEATH BY 19b. CONDITY 21b. TIME OF HOUR A.M. DEATH 7 27P.M.	INJURY (FINJURY)	TO THE TERMINA HICH OPERAT AY YEAR 1980 AT HOME	21E HOW Passe	PERFORMED INJURY OCC	O? CURRED (ENTER	burnin	in Hem 18 part 1 c	or part 2)	YES XX	NO []
PART 2 01HER PART 2 01HER 19a. DATE C 19a. DATE C VIDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK	SIGNIFICANT CONDITIONS OF OPERATION IAL CAUSE WAS G OR ING CAUSE OF OCCURRED NOT WHILE AT WORK	ONTRIRUTING TO DEATH BY 19b. CONDITY 21b. TIME OF HOUR A.M. 7 2 27 P.M. 21e PLACEO STREET, FACTO WOODE	INJURY MONTH D. 12/14 FINJURY (DRY, FARM, EIC) d area	TO THE TERMINA TICH OPERAT AY, YEAR 1980 AT HOME.	216 HOW Passe 211 LOCAT STREET	PERFORMED INJURY OCC Enger ION Thing M	CURRED (ENTER foundin	city or town	ng parde	county	YES XX	
PART 2 OTHER PART 2 OTHER 19a. DATE C 21a EXTERN UNDERLYIN CONTRIBU 21d INJURY WHILE AT WORK 22a I cel death resu	SIGNIFICANT CONDITIONS FOPERATION IAL CAUSE WAS G OR INCO CAUSE OF OCCURRED NOT WHILE AT WORK tify that I tack chargeled fram: Naty	CONTRIBUTING TO DEATH BY 19b. CONDITE 21b. TIME OF HOUR A.M. 7 2 7 P.M. 21e PLACEO STREET, FACTE WOODE	INJURY MONTH D. 12/14 FINJURY (DRY, FARM, EIC) d area	TO THE TERMINA AY, YEAR 1980 AT HOME.	216 HOW Passe 211 LOCAT STREET Flem Autopsy de	PERFORMED INJURY OCC Enger ION Thing M	CURRED (ENTER foundin ill Roa pection, Unde	CITY OR TOWN	ng parde hester , and in m	county Co. I	YES XX	NO STATE
PART 2 OTHER PART 2 OTHER 19a. DATE C 21a. EXTERN CONTRIBU 21d. INJURY WHILE AT WORK 22a I ce: death resu	SIGNIFICANT CONDITIONS FOPERATION IAL CAUSE WAS G OR OR OCCURRED NOT WHILE AT WORK tify that I tack charge lited fram: Not)	CONTRIBUTING TO DEATH BY 19b. CONDITE 21b. TIME OF HOUR A.M. 7 2 7 P.M. 21e PLACEO STREET, FACTE WOODE	INJURY MONTH D. 12/14 FINJURY (d) Area ribed abave, Accident	AY YEAR 1980 ATHOME. held an	216 HOW Passe 211 LOCAT STREE Flem Autopsy de	PERFORMED INJURY OCC INJURY OCC INTER M Homicide INTER (SPEC) ASSIST	CURRED (ENTER foundin ill Roa pection	CITY OR TOWN CITY OR TOWN d. Worc Inquiry Stermined manner DICAL EXAMINE	ng parde chester dendinm	ed autocounty Co. 1 y opinion	YES XX.	NO _

2 - 11 - 12 - 21 1.C+ O.F percentage deroffe deroffe ,co., entero . A derree 0 S (213-13-212) (223-13-13) (243-13) (243-13)

12-14-10 Union-1114, 004. 000-009 AP. II.

(VRA 15, 4) 1/79



-	1 DE	CEASED NAME TRANSPILE	Valer	Abolene He	artman	ST .	REG. NO.	INTH DAY	YEAR	2b. HOUR
-	(TYPI	ORPRINT) IRMA	}	V.	HAF	RTMAN	\$ 1	24	80	500
1)	3 SE	Female	White		S DATE OF	1401911 YEAR	6 AGE (IN YEARS LAST BIRTHDA	MONTH	DER I YEAR	# UNDER 24
5	7a B	RTHPLACE (STATE OR FOREIGN	IN CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	Worcester	COUNTY OF E		
290		or town of DEATH		HOSPITAL, NURSIN	G HOME OR	OTHER INSTITUTION	IZE USUAL OCCUPATION	ORKING LIFE) IN	BUSI'n	ess O
32	USU 13e	AL RESIDENCE IN NURSING HOME OF	other institution rester	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	Box 280 A K	eyser	Pt. R	d. 21
exal exa	14. F.	THER'S NAME FRIST Warren	Peeler	LAST	15. MOTHER'S MAIDEN NAME FMST Mary MIDDLE Blosser					er
t, the med	160 \	VAS DECEASED EVER IN U.S. AR (IF YES, GIVI	MED FORCES? E WAR OR DATES)	215 74 00		ii informant Warren W. Hai		oppato		
atic even		IS CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	D BY TE CAUSE (a)	CARDIO	RESPI	PATORY ,	PRREST	-		MATE INTERVA
er traums		4280 Conditions, if any, which		RAS A CONSEQUE	NCE OF	LY EDEM	A		10	by
y, or other		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	RAS A CONSEQUE	NCE OF STIVE	HEART F	HLURE		YEVO	HRS
ייון ייין איני	NO	PARKINSONS	NT CONDITIONS CONTRIBUTING TO DEATH				MINAL DISEASE OR CONDITION GIVE		SYUL	
Ws a	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	YES NO	ON IF YES, WE N CERTIFYING	RE FINDING CAUSES	GS USED OF DEATH
s sho			716 TIME C	FINJURY					OR PART 21	
r Item 18 sho	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.		Y YEAR	SIE HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY IN	NITEM 18, PART I C		
h and Mental Hygiene marked or Item 18 sho	MEDICAL CER	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A. P. 21e PLACE	M.	19	211 LOCATION	CITY OR TOWN		OUNTY	STATE
of Health and Mental Hygiene am 21 is marked or Item 18 sho	-	OR CONLAMOUTING CAUSE OF DE- (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 22a L certify that 11 this hospit sow the deceased alive	HOUR A. P. 216 PLACE (AT HOME, ST) (Ital) attended th	M. OF INJURY REET FACTORY, OFFICE, P. e deceased from	19 ARM;ETC)	711 LOCATION	CITY OR TOWN	, 19_(OUNTY	STATE hat(1)(we auses state
ept, of Health and f Item 21 is marked	-	OR CONTINECTING CAUSE OF DE- (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a L certify that (1) this haspi	HOUR A. P. 216 PLACE (AT HOME, ST) (Ital) attended th	M. OF INJURY REET FACTORY, OFFICE, P. e deceased from	ARM; ETC)	211 LOCATION STREET 19 19 Mat in (my) (aur) apinian of	city or town	, 19_(and hour and	OUNTY	hat(I)(we
with the State Dept. of Health and Mental Hygiene IMPORTANT: If Item 21 is marked or Item 18 sho	-	OR CONTAINOUTING CAUSE OF DE- (IF ETHER, NOTBY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE AT WORK AT WORK 270 I certify that (1) this haspi sow the deceased alive abave (1) (we) (did) (did no 270 SIGNATURE 221 PHYSICIAN'S NAME ITYPE O	P. 21e PLACE (AT HOME, STI	M. OF INJURY SEEL FACTORY OFFICE P. e deceased from 19 after death.	ARM, ETC)	TIL LOCATION STREET 19 Part in (my) (aur) apinian of the company	CITY OR TOWN	ond hour ond	OUNTY I from the c	hat (1) (we couses state

die de montre entre de la constanción de la cons 71. 1 1 1 1 1 69 . F Fort [CUBES IN JERSEY CONTRACTOR resach (Ling) 12/8/Aff Middliff Hardon of the concentration of the same of the s AND AND THE REAL PROPERTY OF THE PERSON OF T

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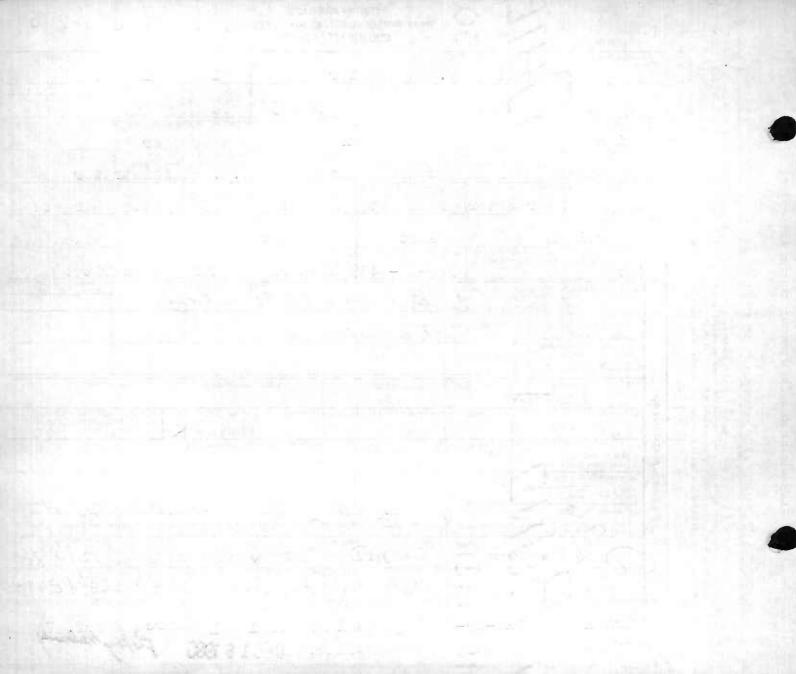
FOR STATE REGISTRAR	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	3	3	0

H	'	STATE REGISTRAR		J. A.	CERTIF	ICATE OF DEATH	REG.	NO.		
		CEASED NAME VELY	N -	A,	HE	PPDING	20. DATE OF DEATH	MONTH 12	DAY YEAR 20 80	705PM
	3 SE	Female	4 RACE White	2	S. DATE C		6. AGE (IN YEARS LAST B	RTHDAY) YRS	MONTHS DAYS	
35	9	RTHPLACE ISTATE OR FOREIGN DUNTRY)	USA	WHAT COUNTRY?	WIDOWE		W LOCAL	Mary	, ,	MD.
70	1	NY OR TOWN OF DEATH Berlin	Berli	n Nursing	DDRESS)	e, Berlin, Md.	TOUSEUL;	OF WORKING		OF BUSINESS OR
35	130. S	AL RESIDENCE (IF NUR STATE Wland	THER INSTITUTION	Baltimon	4	134 INSIDE CITY LIMITS?			Balto.	Md.
0	14. F.A	ther's NAME Benjamin	MIDDLE	- Davis		15 MOTHER'S MAIDEN NAM	WIDDLE		Braun	AST .
2		VAS DECEASED EVER IN U.S. AR res, no or unknown) { (if yes, giv) NO	MED FORCES? E WAR OR DATES)	216-18-9	1742	Levonne Hane		Ave. C		nie Md.
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)		fine for (0), (b), and CARDIO	A 4 4 7	PIRATORY A	RREST			A COLATE
		Conditions, if ony, which								
		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, Q	PAS A CONSEQUE	NCE OF					
	NOI	PART 2 OTHER SIGNIFICANT OF	CHRO	- 10 400	EATH BUT		DEMENTI		IVEN IN PART I	(01
2	CERTIFICATION	190 DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	/ IN CER	ES, WERE FIND TIFYING CAUSE YES []	
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	MMONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 11	8, PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, EACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		22a I certify that (I) (this haspi sow the deceased alive of above (I) (we) (did (did pe	0 1 1 1/2		\$ 0, or	nd that in (my) (our) opinion of	to	date and h		that (1) (we) lost e couses stated
	(126. SIGNATURE AUL (D)	Swall	W		DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	12. DATI	SIGNED 21/80
1	-	PAUL A	SCOTT	M.D.	ØE.	24 BROPE) ST. B	ERL	(N, M)), 21811
	23a B	Burial, CREMATION, REMOVAL Burial	23b. DATE Dec. 24		dan H	emetery or crematory lill Cemetery	23d LOCATION SITY OF TOWN Baltimo	re,	Marylar	STATE
	24 FL	ineral director ally Funeral	Home, 237	E. Patap	sco A	ve. Batto. DEC	REC'D, BY REGISTRA	R 25b G	STRAR'S GNA	TURE

white the said of the said was a state of the said of Aller - - y and the long of the second state of the second proposition we may past . The a the same of the past



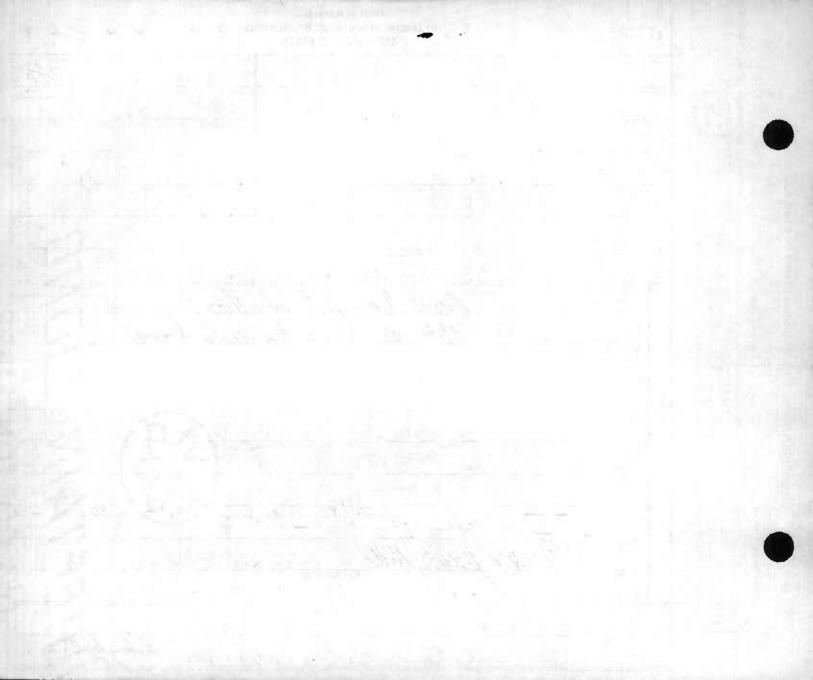
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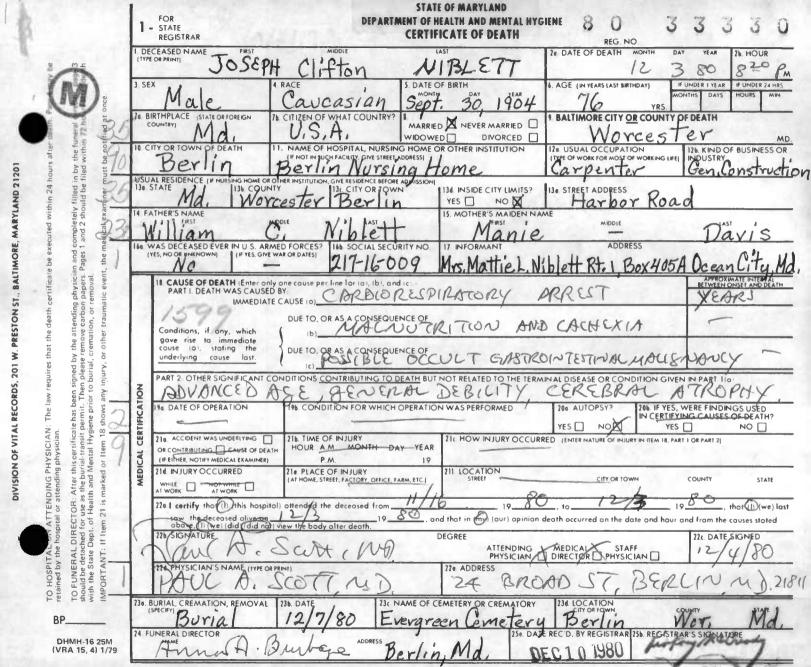
FOR

N. E. Sartorius, JR.

114 Market St., Pocomoke, Md. 21851

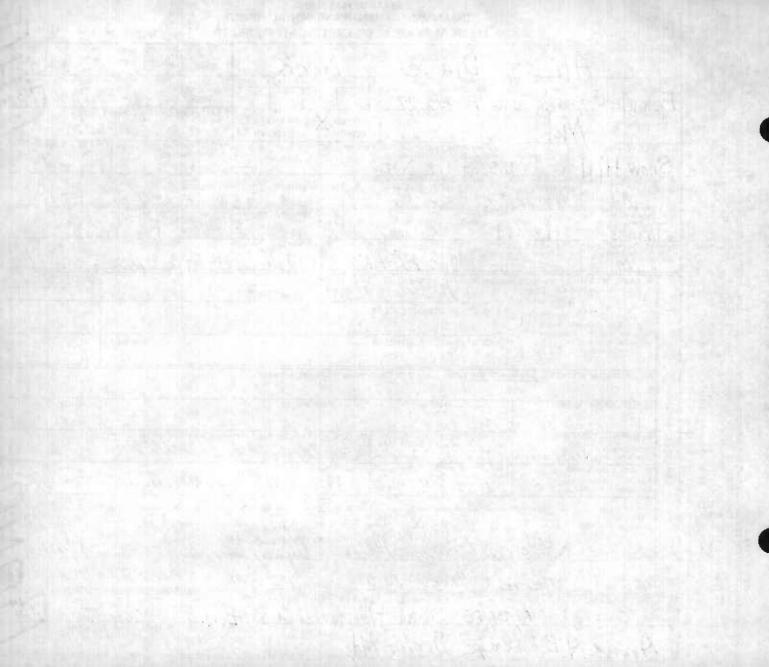
FOR





Jesself C)-1000 N181:77 Male Carefully Sipt De 1964 To State ALSU LIM Noverstan. Berlig Berlin Nursing Home Carpenter Gallenterton Mit Worder Berlin & Harbor Road William C. Wiblett - Marie - Davis No - SIPILOOF Mandation What Review Bond 15 A Commenting Mile Burial 12/7/80 Empres Cometery Berlin Wir NE Market Stranger and Market Stranger and Stra

1	1	FOR STATE	DEPARTMEN	TOF HEALTH AND MENTA	L HYGIENE	7 7 7 7 1
1		REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATE	OF DEATH REG. NO	
(M)		CEASED NAME A FIRST	e Diane		20. DATE KNOWN DE ESTI- DEATH MATED	A AT CIL 6.20
AND ME	F	emale Cavoasyan	MONTH DAY YEAR LAS	E (IN YEARS IF UNDER 1 YR. IF UNIT BIRTHDAY) MONTHS DAYS HOURS	DEAD	12 27,980 93 M
122135		Md.	U.S.A.		ADDIED	RCESTER MD.
OOF A SECTION		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		FOR MOST OF WORKING LING	PRINDUSTRY
Paris Annual Paris	13a. S	Md. Way	rester 13 gir or 1 reester Berl	YES NO	XXX 3, Dax 63	0, U.S. R+113
PE MD CONTRACTOR	-	lames Ha	wold Kast	15. MOTHER'S MA FIRST JUNE ECURITY NO. 17. INFORMANT	ADDRESS ADDRESS	ushela
ALTIMO S AFTER SOVE PA SOVE FOR VAGES 1	(Y	No.	(WAR OR DATES) 215-6	2-1402 Wloyd	N. Nock. Rt.3, Bo	0x630, Berlin, Md.
MEST. B 24 HOUR TEM 18 ONIG W ENMIT FERMIT		PART I DEATH WAS CAUSED	TE CAUSE (o)	we Newa Jup	usils	BETWEEN ONSET AND DEATH
WITHIN CIT IN IT I	7	Conditions, if any, which gove rise to immediate	(b)			
CUTED IN PER IN PER URBALTI ND MEN		couse (o) stoting the <u>under</u> lying couse last.	(c)			
CORDS BE EXENDED AND AND AND AND AND AND AND AND AND AN	NOI		CONTRIBUTING TO DEATH BUT NOT RELATED TO		IN PART 1 (a).	
SHOULD OND THE CHEF	RTIFICATION	190. DATE OF OPERATION		H OPERATION WAS PERFORMED?		20. AUTOPSY? YES NO 🏋
ION OF V TIPICATE ! 10 THE WO TO THE WOULD BE AND BURENT R TO BURE	MEDICAL CERTI	UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOURSA.M. MONTH DAY DEATH 8 P.M. 12 27	1980 Car Spun		trel
DIVISION HUS CERTING AREDED 1 WILLIAMS TO SHADE OF A SH	MED	WHILE OCCURRED NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) US 113 S,	OME. 21f. LOCATION STREET 13 SOLL	th, 1/2 mi Wy est	tweets Still Park
HINER TOWN		22a. I certify that I took charg	ge of the remoins described above, he	Id on Autopsy , Inspe	ection , Inquiry , o	and in my opinion
E CERTI		ACTUAL SIGNATURE	homas & Jona.	MIND. TITLE (SPICIF	Willy MEDICAL EXAMINER	DATE 12/27/80
MEDICAL CUTE THE CATE THE TUNESTAL TRACHE, M	+	EXAMINER'S NAME (TYPE OR PRINT)	HAMAS L JONES	MID ADDRESS 11	2 DEABL ST, SNOW	WHILL, Md. 21863
023033 BP	100	Buria 2	12/31/80 SUN	SET MEMORIAL PA	Berlin	Worcester STATEME
DHMH - 17 (VR A15 ME (5))	24. F	Anne A.B.	werlage Berl	in Md. 150.0	AM 5 1931	SISTRAR'S SIGNATURE



Guy J. Doughty Box 633 Exmore, Va. 23350

FOR

REGISTRAR

- STATE

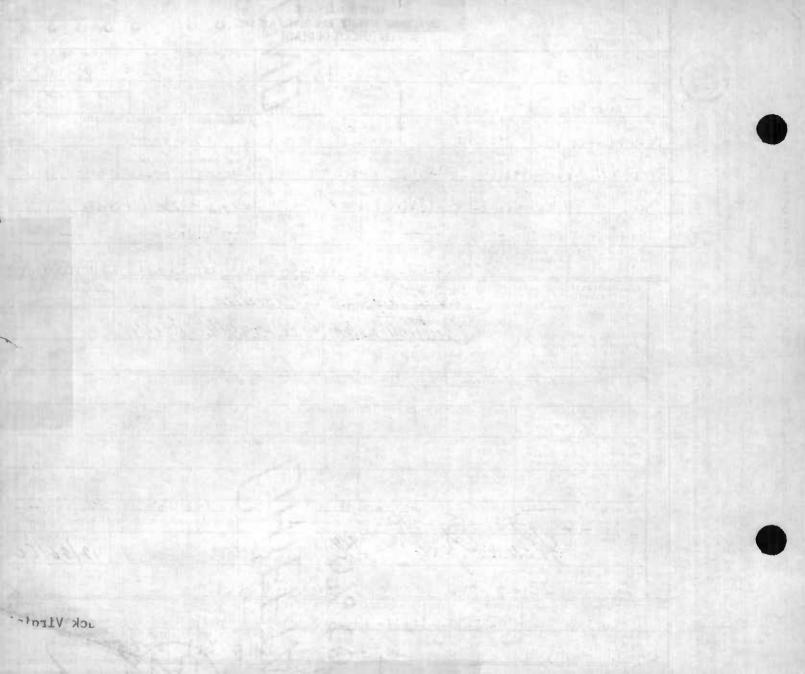
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STATE OF MARYLAND

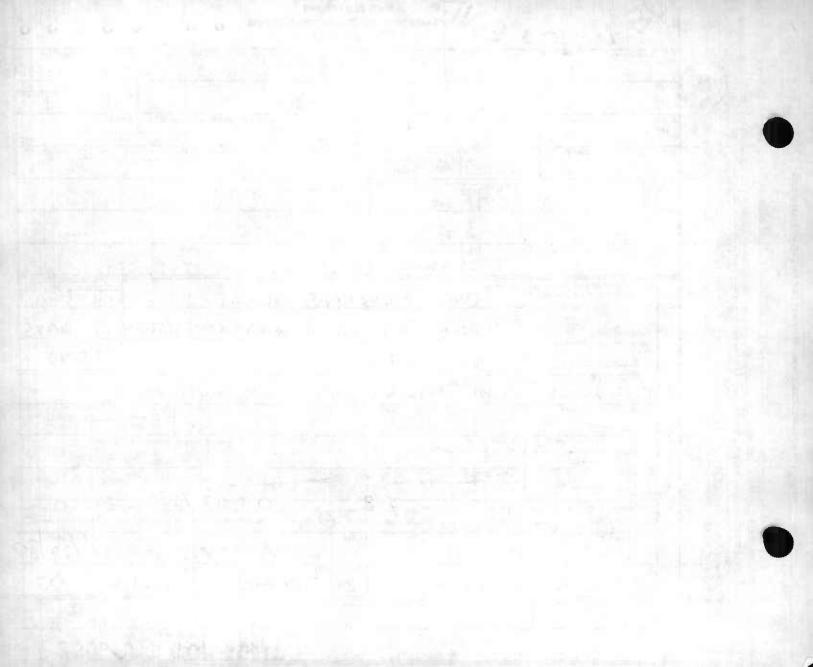
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



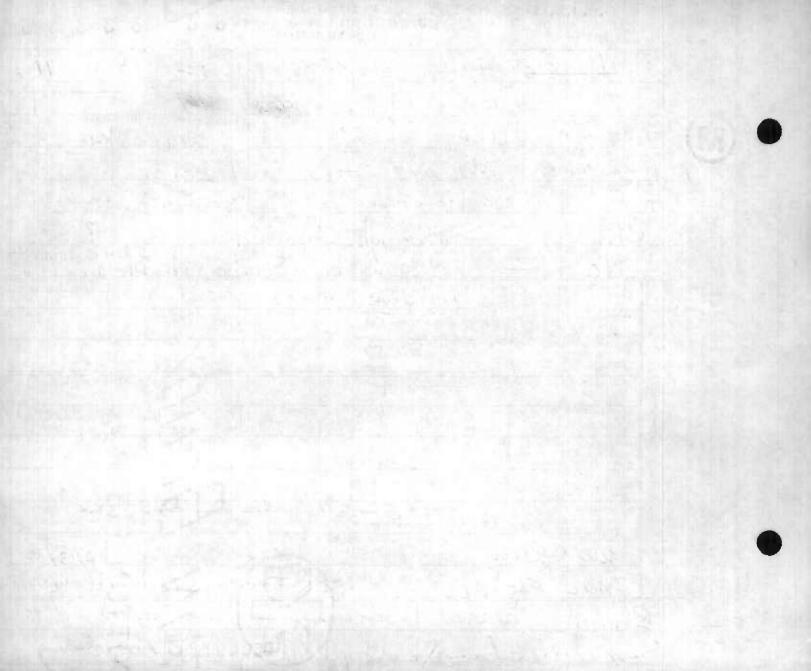
	1.	FOR STATE		DI	EPARTM		AND MENTAL H	YGIENE &	3 0	3	3 3	3 3
		REGISTRAR	ARIE.			CERTIFICATE	OF DEATH		REG. NO.	27(3)		
1		CEASED NAME FIRST OR PRINT)		WIDDLE		LAST		2a. DATE OF	F DEATH MON			26 HOUR
T BR			LIE	Α.		POPE					28-80	6:15R
100	3 SE		4 RACE			5 DATE OF BIRTH			EARS LAST BIRTHDAY	_	UNDER I YEAR	IF UNDER 24 HRS
1		ALE	WH	IITE	1743	5- 2	8- 1904		6	YRS.		
300	C	RTHPLACE (STATE OR FOREIGN DUNTRY)		OF WHAT COL		MARRIED N	EVER MARRIED [RE CITY OR C			
\$20		MARYLAND		MERICAN		WIDOWED	DIVORCED [ORCEST			1110
90		BERLIN	BE	RLIN N	URS.			(TYPE OF WOR	OCCUPATION K FOR MOST OF WO ERMAN		12b. KIND OF INDUSTRY	F BUSINESS OR
20	USU.	AL RESIDENCE (# NURS	ow other institution to the control of the control	UTION, GIVE RESIDENT 13c. CITY COX for		IDMISSION) 134. IN	SIDE CITY LIMITS?		ADDRESS	+		
1	14 F/	THER'S NAME	LOOL	TOXIO	or u		THER'S MAIDEN		IIS S	Lo		
> 50c	0	scar	F.		ope	,	Bessie		MIDDLE		Cr	OW
medi	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCE	ES? 166 SOCIA			ORMANT		ADDRESS		CI	OW
the 3	(,	res, no or unknown) (# yes, g:	IVE WAR OR DAT	219-	16-	1596 T	eslie A	Pono	. II	Ber1	in. M	d
event,	-	18 CAUSE OF DEATH (Enter of	alu ana sau			1 1/1	estre A	. rope		peri	APPROXIA	MATE WITERVAL DINSET AND DEATH
	9	PART I DEATH WAS CAUS	SED BY	OAR		ULMON	ARVI A	RREST			IMM	STAJO31
on, or rem traumatic	3	11GAO IMMEDI	ATE CAUSE I	,			10/01/00	19020				
		Canditions, if any, which	DUE 1	O. ORAS A CO	NSEQUE!	my El	EMA A	MD (ONGE.	STION	17	DAYS
or other		gave rise to immediate cause (a), stating the underlying cause last	DUET	O, OR AS A COP	NSEQUE	-					70	NA S
burial,		PART 2 OTHER SIGNIFICANT		··			LATED TO THE TE	PAINAI DISEAS	E OR CONDIT	ON GIVEN	N IN PART 1(a	
0 =	NO	CONSISTIUE	196		ALL		ORKINSON	15M A	NYELO	PATH	Y	
prior ws an	CERTIFICATION	190 DATE OF OPERATION	196 C	ONDITION FOR	WHICH	PERATION WAS	PERFORMED	200 AUTO	OPSY? 20	b. IF YES, V	WERE FINDIN	
shows	TIFIC		- 3			est.		YES	NOW	YES	NG CAUSES	NO
Hygier 18 si	CER	21a ACCIDENT WAS UNDERLYING		ME OF INJURY	THE T	ZIC H	OW INJURY OCCU	URRED (ENTER NA		ITEM 18, PART	T 1 OR PART 2)	
Ite Ite	TV	OR CONSTRIBUTING CAUSE OF D	EAIN	PM.	TH DA	YEAR ,		•				
and Mer	MEDICAL	214 INJURY OCCURRED	21e PL	ACE OF INJURY		21f LC	CATION	The same	CITY OF TOWN		COUNTY	STATE
marked	¥	AT WORK AT WORK	(AI AO	mt, SIREEmgassilli		/		7	2/-	0		JIMIC
is		22a I certify that (1) this has	pital) atterid	ed the deceased	from	+10	. 19_8	O , to	2/20	. 19	, 80	that (we) last
of H		saw the deceased alive a	all weight to	body after death	19_8	ond that	n (my) (aur) apınic	an death accurre	d on the date	and hour c	and from the c	couses stated
Dept. of	R	176 SIGNATURE	The state of the s	oddy difer deam		DEGREE					221. DATE S	SIGNED
ate C		Sare Was	SCUT	tun			PHYSICIAN	MEDICAL	STAFF	1 🗆	112/	129/80
TAN	,	124 PHYSICIAN'S NAME LTYPE	OR PRINT)		TO THE	22e A	DDRESS				1 1	~
with the State D		HOUL 4	· 70	STON	1).	2	E BRO	ADJ (1381	(CI	Non	().
3 3	23a I	BURIAL, CREMATION, REMOVA	L 23b. DA	TE.	23c. N.	AME OF CEMETER	Y OR CREMATOR	y 23d LOC	ATION	-	OUNTY	STATE
	-	urial	12-	31-80	Ox	ford Ce	emeterv	Ox	ford	Ta	1bot.	Md.
1-16 25M		JNERAL DIRECTOR			RESS			ATE REC'D. BY F	EGISTRAN 256	REGISTRA	IR'S SIGNATI	JRE/
15, 4) 1/79	Ne	wnam Funera	1 Hom			n. Md.		ט אותט	1001		1	-



STATE OF MARYLAND

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	1	#23b,c,d,1,Fil FOR - STATE REGISTRAR	mG552 2/19/81 k DEPAR	AM STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	3 3	3 3 5
y be oge 3 deoth		CEASED NAME FIRST	Ulysses	SCAR BOROUGH	12	13 &	YEAR 26 HOUR
Page 4 moy	3 SE	M	1 RACE	5 DATE OF BIRTH MONTH DAY 10 1903	6 AGE (IN YEARS LAST BIR!		
de orh	V	IRTHPLACE ISTATE OR FOREIGN OUNTRY!	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	Cestel	ATH ME
of the state of th	1-	oco MO K-e	(IF NOT IN SUCH FACILITY, GIVE STORI	T St.	120. USUAL OCCUPATION OF MOSTO		KIND OF BUSINESS OR USTRY
in 24 hou filled hould be	1130 N	NO 13 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM INTY	NOKE YES IN NO []	13e STREET ADDRESS	1th Str	eel
ompletel		Charles	MIDDLE Scar bor	15. MOTHER'S MAIDEN NA FIRST CHECKE	MIDDLE		? LAST
be execu			RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 224-20	-2/21/12 15	arborough	Phila.	Radman St. Pa. 19143
law requires that the death certific so been signed by the attending ph permit. Then please remove corbon pi ne prior to burial, cremotion, or remo vs any injury, or other traumatic even	NOI	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T		WINAL DISEASE OR CONI	DITION GIVEN IN P	ART Ita
he low r on. hos bee t permit. iene prior	CERTIFICAT	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH?
PHYSICIAN: T ending physici this certificate the buriol-transi and Mental Hygi d or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	ATH HOUR A.M. MONTH	DAY YEAR 19 21: LOCATION	RED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR P	'ART 2)
the the	ME	AT WORK NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOV	VN COUN	
R ATTENDING hospital or off RECTOR. After red for use as tipt, of Health or em 21 is marke		saw the deceased alive on	n 12 11 19 19 19 19 19 19 19 19 19 19 19 19	ond that in (my) (our) opinion	death accurred on the do		om the causes stated
Y the SAL DI detock of Do Ote De		124 PHYSICIAN'S NAME (TYPE C	ruy	ATTENDING	MEDICAL STAI	25	2/13/80
TO HOSPI retoined b TO FUNE should be with the St		PAUL F	Leury	305 Te	wth STA	eret Por	completi
BP	1.6	Fial, Cremation, removal	0	NAME OF CEMETERY OR CREMATORY itham Cem.		Acc. VAOUNTY	STATE
DHMH - 16 60M 1/75	13.1	UNERAL DIRECTOR	Appress .		TE REC'D, BY REGISTRAR	aller 1 I	IGNATURE .



/ 1	= STATE			DEPARTMENT O	FHEALTH	AND MENTAL H	TYGIENE	n	100	3 "	6 6
/	REGISTRAR		ME	DICAL EXAMI	NER'S C	ERTIFICATE C	OF DEA	TH RE	G. NO.		, 4
	DECEASED NAME	FIRST		MIDDLE		LAST	2	a. DATE KNOW	IN IN MONTH	H OAY YE	AR 2b. HOUR
	TIPE OR PRINTS	Rut	h	Hackett	V	Webster		OF ESTI-		29198	6 00
PRESION STREET,	EX 4	RACE	5. DATE OF BIRTH	6 AGE (IN		DER 1 YR. IF UNDER	24 HRS. 7	c. DATE	MONTH		EAR PACHOUS
DO 301 W SEELEN	Female	White	March2	7.1890 90	Michael	S DAYS HOURS		RONOUNCED	12	29198	11. 0 9 0
10	BIRTHPLACE (STA		76. CITIZEN OF W	HAT COUNTRY?	14		_ 9	BALTIMOREC			
1	FOREIGN COUNTRY)					ED NEVER MARR	IED 🔲		_		
	laryland		US.	A. SPITAL, NURSING HO	WIDOW			Worces			MD.
0			(IF NOT IN SUCH F	ley Road	ME, OR OTHI	EKINSTITUTION	FOR MC	AL OCCUPATION OST OF WORKING LIFE	E)	OR INDI	USTRY
	ocomoke			LEY KORD			Sea	mstres	S	Facto	ry
130.	STATE	136. COUNT	TY Y	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREE	ET ADDRESS			
	aryland	Car	oline	Federals	burg	YES 🔯 NO 🗆	323	South	Main	Stree	t
A.	FATHER'S NAME		MIDOLE	LAST		15 MOTHER'S MAIDE		WIDDLE		LAST	
-1	Thomas			Hacket		Charl	es	Ann	a	Sheh	iee
160	WAS DECEASED (YES, NO, OR UNKNOW	EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECUR		17. INFORMANT		ADD	1603Ra	ilroad	Ave.
	No			215-03-2	567	William	K. W	ebster	Feder	alsbur	g. MD
	18. CAUSE OF	DEATH (Enter onl	y one cause per line	for (o), (b), and (c).)						APPROXI	MATE INTERVAL
	PARTIDEA	TH WAS CAUSED	BY: E CAUSE (o)	Co	ronar	y Occlus	ion			BETWEEN	NSFT AND DEATH
	1410	O MINICOLA		AS A CONSEQUENC	E OF					C muttag	
192		if ony, which to immediate	45								
	cause (o) s	tating the <u>under-</u>	DUE TO, OR	AS A CONSEQUENCE	E OF		84 54 1				
	lying couse	lost.	(0)							1033	
	PART 2 OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN PAI	PT 1 (a)				
Z						on condition officer in the	(M) (M).				
CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDI	TION FOR WHICH OP	ERATION W	AS PERFORMED?				20. AUTOF	SY2
문			I WEST		1 1						37
ER	21a. EXTERNAL	CAUSE WAS	216. TIME O	FINJURY	Tale HO	W INJURY OCCURRE	D JENTER NA	THE OF IN HIP IN IT	FM 19 DADT 1 OP	YES [J NO
			HOUR A.M	MONTH DAY YE		W WOON OCCORNE	D (citientia		IM TO FAMI TOK	- AN 1 2)	
MEDICAL	21d. INJURY OC	CURRED		OF INJURY (AT HOME.	21f. LOC	ATION					
ME		NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		REET		CITY OR TOWN	C	OUNTY	STATE
-3	AT WORK	AT WORK	10.73								
	22a. I certify	that I toak charge	of the remains des	scribed abave, held an	Autaps	y . Inspection	n [X],	Inquiry X,	and in my	opinion	
	death resulted	from: Noture	al causes X,	Accident, s	Suicide	Homicide .	Undeter	mined monner			
1		00	1	1		TITLE (SPECIFY)					
	SIGNATURE_	76	Jante		M.	Deputy	MEDIC	AL EXAMINER	DATE	1-2	-81
-		/				100		Street			City
X	EXAMINER'S N.	AME J. G	. Santi	ano, M.D		ADDRESS	I	Marylar	id 218	omoke 51	OTON
23a.	BURIAL, CREMATIO		b. DATE	23c. NAME OF C			23d. LOC				
	Burial	1	-2-81	East N			CITY OF	tNewMar	rket T) or oh	STATE . ND
24	FUNERAL DIRECTO	OR I	111111111111111111111111111111111111111		ow ma	25a. DATE R	REC'D. BY R	REGISTRAR 256.	RAGISTRAR'S	SIGNATURE	1917
1 2	Zeller	Funeral	Home . H	ast New	Monles	t. MT IAN	211	1981	ripay/	Kelred	ly
				TIE W	udine	LA COLL IN	-611				

STATE OF MARYLAND

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11-	FOR STATE			DEPARTMENT OF	HEALTH			0	3	3	3 3	7
	REGISTRAR CEASED NAME	FIRST	ME	DICAL EXAMIN	IER'S C	ERTIFICATI	E OF DEA		REG. NO.			
	PE OR PRINT)	Bufo	rd	Glenwood	Le	ease		OF DEATH A	NOWN DESTI-	Dec.	11 19 80	
3 SEX	ale	Cau.	Aug. 3	0, 1919 6. AGE (IN YEAR)	ARS IF UN	DER TYR. IF UN	DER 24 HRS.	2c. DATE PRONOUNC DEAD		MONTH 14	DAY YEAR	24 HOUR
7a. B	IRTHPLACE (STA	TE OR	76. CITIZEN OF WE	HAT COUNTRY?	8. MARR	ED NEVER MA	ARRIED [9. BALTIMO	RE CITY OR		Y OF DEATH	2.:00
	ITY OR TOWN O			PITAL, NURSING HOM	WIDOW		ORCED	A	llega	ny	12b. KIND OF B	MD.
C	resaptou	m,	Triple	Lakes, Rt.	# 6	EK II 43111011014	FOR	Labore	G LIFE)	DF WORK	constr.	uction
13a. S	AL RESIDENCE (11 STATE Md.	FIN NURSING HOME OR 136 COUNTY	other institution, Gr CGany	VE RESIDENCE BEFORE ADMISS	n,	13d. INSIDE CITY LIMIT	130. STRI	iple L	akes,	Rt.	# 6	
14. F/	Atlie		WIDDLE	Lease		15 MOTHER'S MA	AIDEN NAME	Ali			McKenzi	e
I Y	VO,		AR OR DATES)	166. SOCIAL SECURIT	44	Mrs. Wil		11/1/11	ADDRESS	5164		21502 ptown,
	18. CAUSE OF PART I DEA	DEATH (Enter only TH WAS CAUSED	ane cause per line BY: CAUSE (a)	far (a), (b), and (c).)	OCCI	LUSION					APPROXIMA BETWEEN ADM	TE INTERVAL
		, if any, which		AS A CONSEQUENCE CORONARY		EROSIS		Tor	FIEL		1111	
		ta immediate tating the <u>under-</u>	DUE TO, OR	AS A CONSEQUENCE	OF							
Z	PART 2 OTHER SIGN	HIFICANT CONDITIONS <u>co</u>	INTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERA	INAL OISEASI	OR CONDITION GIVEN I	IN PART 1 (a).			-		
CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDIT	TION FOR WHICH OPER	ATION W	AS PERFORMED?					2D. AUTOPSY	
AL CERT	21a. EXTERNAL UNDERLYING	_		MONTH DAY YEA	21c. HC	OW INJURY OCCU	IRRED LENTER N	NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PAR		NO L
MEDICAL	21d. INJURY OC WHILE		21e PLACE C	DF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TOWN		COUL	NTY	STATE
	22a. I certify death resulted		af the remains des	cribed abave, held an	Autap	sy 🗶 . Inspe	ction X,	Inquiry C		in my api	inian	
	ACTUAL SIGNATURE	B.	iet Ski	Toresico	м	Deputy	()	ICAL EXAMIN	JER .	DATE	12/14	1/80
	EXAMINER'S N (TYPE OR PRINT	IAME Bene	dict Ski	tarelic, M.		ADDRESS			Pike	, Сш	mb. Md.	
23a. B	URIAL, CREMATION BULL	on, REMOVAL 236	2/16/80	236 NAME OF CE	em.		F 1 C/2	CATION OR TOWN LES APTO	wn A	elegi	any Mar	Yeand
24. FI	UNERAL DIRECT	OR		reene St. (25a. D2	THE RECTO. BY	REGISTRAR	256 REGIST	TRAR'S SI	IGNATURE	
	•	-							A CONTRACTOR	245(3C)	aldin "	

· michie C Tr. Vanta U.S. Rt. v 220 Tig-ly-ly-restation distriction, with the section of the Court His Surface College Long - 1. Migrie George , 202 Greene St. Cert. Me. A.

Lick Neck Rds.

STATE OF MARYLAND

FOR

(VRA 15, 4) 1/79

HUGH. WILLIAM RAYSOND/ E. CHETE BER 18 1920 1:52P1

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GLEN DURNIE NORTH NUMBEL HOSPITAL

801 CRAIN HIGHAY, CLIN FURNIE MARYLAND

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PATE J CHANG MD

	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE 8 0	3	3 3	3 9
ecripe 3	1. DE	CEASED NAME FIRST OR PRINT) Mary		avet	13	Bernett.	Dec. 15,1		DAY YEAR	26. HOUR 9:05 P
	3. SE	Female	4 RACE White	9	S. DATE (DAY _ YEAR	6. AGE (IN YEARS LAST BIF	YRS.	MONTHS DAYS	IF UNDER 24 HRS
	7a. BI	RTHPLACE STATE OR FOREIGN DUNTRY) New York	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED	Baltimore City			MD
y the led led hould at	10. C	TY OR TOWN OF DEATH Towson	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Josephs H	IG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemake	ION OF WORKING LI	126. KIND O	F BUSINESS OR
filled in E	USU. 13a S	AL RESIDENCE (IF NURSING HOME TATE 136 COL	OR OTHER INSTITUTION JNTY imore	GIVE RESIDENCE BEFOR	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 823 Well	ingto	n Rd.	
and 2 sh	14 FA	THER'S NAME FIRST Joseph Meiers	WIDDLE	LAST		15. MOTHER'S MAIDEN NA. FIRST Theresa	ME MIDDLE		LAS	
Pages 1		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF yes, G	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT Leo E. Bar:	rett S	ame		
igned by the attending is en please remave carbon burial, cremation, or ren ury, ar other traumatic ev	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)	or as a consequence on tributing to	ENCE OF	heart fact	6	ndition Gi	VEN IN PART 110	3)
has been si t permit The ene prior to aws any inju	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES []	IGS USED OF DEATH?
er this certificate s the burial-transi i and Mental Hygi rked or Item 18 sh	MEDICAL CER	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 2)d. INJURY OCCURRED	R) HOUR A	.M. MONTH D, .M. OF INJURY	19	21f. HOW INJURY OCCUR				
After the e as the alth and marked	ME	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET 1080	CITY OR TO	7.5	COUNTY	STATE
DIRECTOR: oched for us Dept. of He		saw the deceosed alive of abave, (1) (we) Add) (did n 22b. SIGNATURE				DEGREE ATTENDING	MEDICAL STA			
retained by the TO FUNERAL DI should be detact with the State De IMPORTANT: If II		22d. PHYSICIATY'S NAME (THE		ney m	D-	PHYSICIAN PHYSIC	LA Paul	CIAN .	Butter	16/80
	(BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
3P - 16 50M 1/76 R A 15 (4))	24 F	rial-Transit UNERAL DIRECTOR IT Chell-Wiedef	12/18 eld Home	ADDRESS 6	500 Y	ork Rd. 250 DAI	Allegany	Catt R 25b. REGIS	araugus IRARS SIGNAL	N.Y.

To be end all feel the desired to the second of the s .b. .conting .com .com .com

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) 12 ANTHONY D. DAVIS DEATH MATED 3. SEX 4 RACE S. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 36 H 213 DATE LAST BIRTHDAY 7 HOURS PRONOUNCED 80 11 56 24 black male DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED , 2, AND 3 TO THE FUNERA 13. RETAIN PAGE 5 FOR 2 SHOULD BE FILED, WITHII TAL RECORDS, 201 W. PRES FOREIGN COUNTRY! USA Baltimere City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY S.T.U. University Hospital Baltimore USUAL RESIDENCE (HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13a. STATE Baltimore 136 COUNTY T3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 528 N. Loudon Ave. MD YES X NO T S AFTER DEALT. 2, GIVE PAGES 1, 2, MITH FORM PM 3. VITALI 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIEK DEATH EXECUTED WITHIN 24 HOURS AFIEK DEATH PROCEST, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND THE REFER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIT BALTIMORE. MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 146 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES N/A Laura Mae DuBose 528 N. Loudon Ave No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cunshot wound of abdomen MAMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 MEDICAL CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 11:12 M MONTH DAY 1 80 UNDERLYING AOR subject shot CONTRIBUTING CAUSE OF DEATH 21f. LOCATION NOT WHILE Wooded area WHILE Unionville, Maryland 228. I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted from: Natural causes Accident TITLE (SPECIFY) Assistant 12-12-80 ACTUAL SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE COUNTY STATE Cremation 1/26/81 Westview Mem. Baltimore MD BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1101 E. North Ave. **DHMH-17** C. March F/H (VR A15 ME (5)) 15M 2/80

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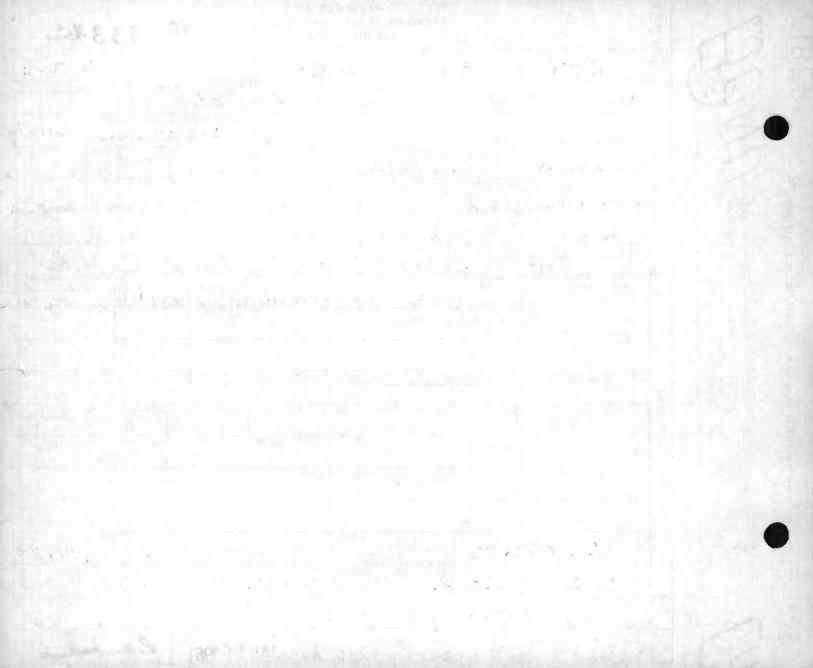
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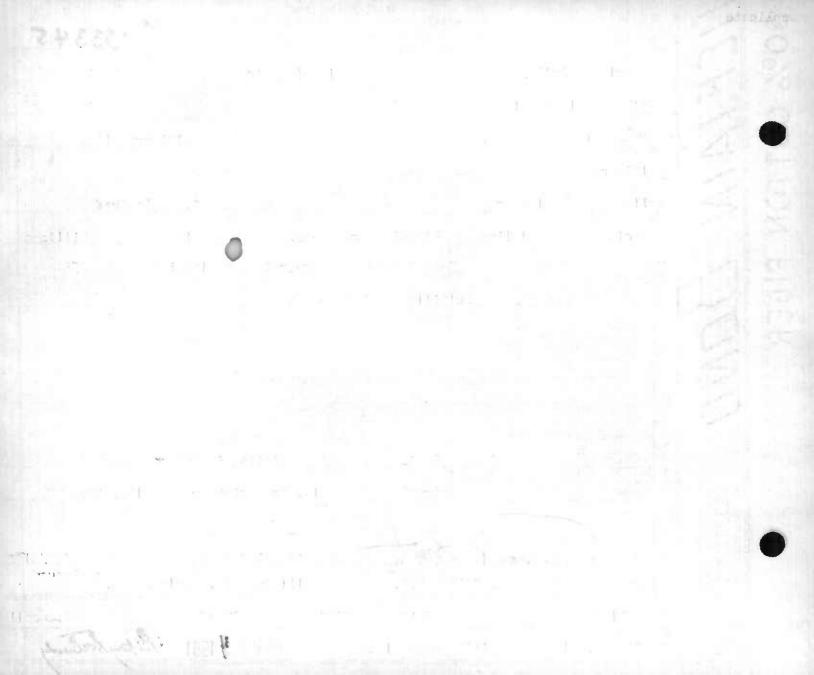
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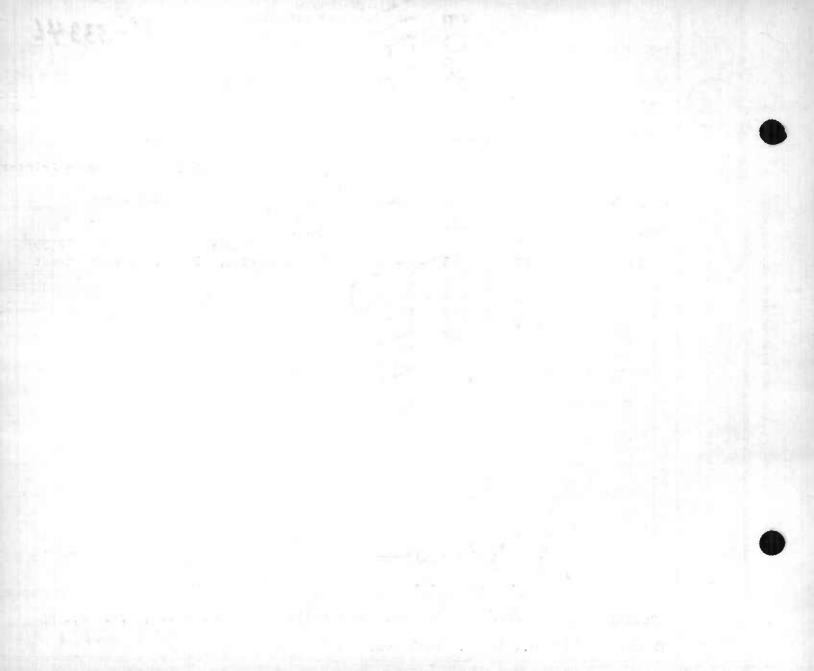
				STATE OF MARYLAND			
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY			4 .1 .1
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1-33	344
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	24 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
. 0		JACK	EDWARD	STEWART SR		1980	2:12a
RAI	3 SEX	(4 RACE	5. DATE OF BIRTH MONTH / DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
	7 01	19	W	6/4/26	54 YR		
276	/a 81	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED THEVER MARRIED	BALTIMORE CITY OR COUN		
10	10.01	TY OR TOWN OF DEATH	U S / H	WIDOWED DIVORCED DIVORCED DIVORCED	Baltimore Cou		N
er 7	10 C	ROSSVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING	GUFE) INDUSTRY	
<u> </u>	USU/	•	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	SA		VEI	
12 C	13a S	TATE 136 COU	NTY I3L CITY OR TOV	VN 134. INSIDE CITY LIMITS?	13. STREET ADDRESS	mh / /	
8/2/	IA FA	MD C	BALTO ESSE	YES NO IS MOTHER'S MAIDEN NA	187 BINWC	DD LN	<u></u>
od examine		FiRST	MIDDLE LAST	FIRST	MIDDLE	LAS	ST
media		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	T F-RANCI	ADDRESS	N	
t, the n	()		E WAR OR DATES)	25- 1122	- CTIME ADT	0	00
en t,			W 11 175 16		SIEWARI	APPROX	MATE INTERVAL ONSET AND DEATH
ic eve		PART I. DEATH WAS CAUSE		1	1		P 1
ımat		IMMEDIA	TE CAUSE 10) Landle			7-74	nediat.
trau		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	tensive Heart	Disease	104	- 1/00 -50
other		gove rise to immediate cause 101, stating the			€ 126.1C9€	- / /	7000
, 0,		underlying cause last	DUE TO, OR AS A CONSEQU	IENCE OF			
pury		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1	0 '
or to	CERTIFICATION	THE STATE OF					
shows an	ICA	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF	YES, WERE FINDING CAUSES	OF DEATH?
Hygiene n 18 sho	RTIF				YES NO	YES 🗌	NO 🗌
Item I		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		YEAR THOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN ITEM	IS, PART 1 OR PART 2)	
La la	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19			
th and N	MED	214 INJURY OCCURRED WHILE NOT WHILE	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
s ma		AT WORK		Hugust 2 19 72	- 10 December z	4. 90	
211		sow the deceosed olive or	Detober 18 19		death occurred on the date and		
Item		obove, (I) (we) (did) (did no 27h SIGNATURE	ot) view the body ofter death.	DEGREE	Total of the date on the	221 DATE	
-		22 SIGNATURE	178 att	ATTENDING	MEDICAL STAFF	120 DATE	SIGNED
ANT		224 PHYSICIAN'S NAME IN C	- Choule	PHYSICIAN 1	DIRECTOR PHYSICIAN	Leci	em ber
R R	9	THE PHISICIAN STAND	on renerty	27-1/1/	11 01 1	217	11 ,
IMPO	22. 0	LIBIAL CREMATION RECOVER	Tan pare La	2/24/Vc	orth Charles	27 0	alto, 1
	230 8	URIAL, CREMATION, REMOVAL	11/20/	NAME OF CEMETERY OF CREMATORY	234 EOCATION CITY OF TOWN	COUNTY	STATE
_	24. FI	INERAL DIRECTOR	1000		TE REC'D. BY REGISTRAR 250 BEG	STRAP'S SIGNAT	LIDE
		NAME	ADDRESS	134.07	C 2 9 1980	TOTAL OF STOLES	PUNE

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Duplicate	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE STATE STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE														
		REGISTRAR		ME		EXAMINI	ER'S C		CATEO	F DEA	IV.	EG. NO.	333	45	
		CEASED NAM	E FIRST		WIDDLE			LAST		2	OF EST	WN X MON	TH DAY	YEAR	2b. HOUR
ES.S. S. S. E.S. S. E.S. S. S. E.S. S. S. E.S. S. S. E.S. S. S. S. E.S. S. S. S. E.S. S.		Earl	Juli				E	Blandi		r.	OF EST DEATH MAT		7 1219		٨
ARY, PIEASE DIRECTOR. FILES. TO VERSE ON STITET	3. SE.	Male	Black	3. DATE OF BIRTH	YEAR 39	6. AGE (IN YEA LAST BIRTHDA'	MONTH		HOURS		RONOUNCED DEAD	MONI	7 12 19	- 10	2d HOUR 5:10
SAR		IRTHPLACE (S		76 CITIZEN OF W							BALTIMORE	CITY OR COL			- M
S NECESSARY, I FUNERAL DIRE E 5 FOR YOUR D, WITHER W. PRESTONS		outh Cal	rolina	U.S.A.			WIDOW		VER MARRIE	enero.	Balt	imore (City		MD
ELAY IS NE PAGE S BE FILED, V	10. C	altimor	OF DEATH	11. NAME OF HOS	ICHITY, GIVE	STREET ADDRESS)	4	er institu	TION	FOR M	AL OCCUPATION OST OF WORKING LI	N (TYPE OF WO	OF WORK 126 KIND OF BUSINESS OR INDUSTRY		INESS
21201 E ANY D RETAIN HOULD	13a. S	al residence state ryland	NI COUN	or other institution, G ITY timore		BEFORE ADMISSIO	N)	13d. INSIDE (ITY LIMITS?	13e. STRE	et address 4 St. R	eais Ro	oad		
MD. H. III.	14. F.	ATHER'S NAMI	7 / 1 - 15	MIDDLE		LAST		15. MOTH	ER'S MAIDE		WIDDLE		LAST		
BALTIMORE, MD. 2120: RS AFIER DEATH. IF ANY GIVE PAGES 1, 2, AND ITH FORM, PM. 3. RFEA PAGES 1 AND 2 SHOUL INISION OF VITAL RECO	160.	Earl WAS DECEASE	D EVER IN U.S. AR	Julius MED FORCES?		landing		ROS	sa	6	Lee	DRESS		llia	ms
SALTIA SALTIA SIVE P SIVE P SIVE P SAGES VISION	(2)	ES, NO, OR UNKNO	(IF YES, GIVE Kore	WAR OR DATES)	248-	-58-4669	9	Marc	garet	Kane	Blandi	ng	S/F	A STAMUS	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IF ANY DELAY IS N EXECUTE THE CERTIFICATE, WRITING THE WORD" PENDING" IN PENCIL IN 1FEM 18. GIVE PAGES 1. 2, AND 3 TO THE FURBAL DIRECTOR; PAGES 3 HOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 TO FUNERAL DIRECTOR; PAGES 3 HOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS; 201 W BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditio gave ri	ns, if any, which se to immediate) stating the <u>under</u> -	TE CAUSE (a) N DUE TO, OR	AS A COI	NSEQUENCE O	F	wound	ds				30.000		AND DEATH
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HOULD SRD "PROPER I SEED OF HE	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDI	TION FOR	WHICH OPERA	VION W	AS PERFOR	MED?				20 AUT		№ □
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DIVISION DIVISION HIS CERTIFIC WRITING TI VARDED TO AGE 3 SHOC AGE 3 SHOC AGE 1 SHOC AGE 2 SHOC AGE 3 SHOC AGE 4 SHOC AGE 5 SHO	MEDICAL	21d INJURY O		21e PLACE	OF INJURY		211. LOC	CATION			in auto city or town k Ave.,	found Balto	COUNTY	MD.	STAIR
EXAMINER: 1 CERTIFICATE, WULD BE FORW, L DIRECTOR: P 1, WITH THE ST MARYLAND, 2		death result		ral courses	Accident			Hamid	Inspection	Undete	Inquiry , rmined manner	and in my	TE O	'23/8	0.1
MEDICAL ECUTE THE NGE 4 SHO O FUNERA O FUNERA NATIMORE,		EXAMINER'S (TYPE OR PRI	NI)	mas D. Sm	nith,	M. D.			III Pe	nn S	t. Bal	to., MI	rolic		
BP	(BURIA		3b. DATE		NAME OF CEM			ORY	234. LOG	MTER	C	COUNTY	S - Cal	iil oʻz
DHMH - 17 (VR A15 ME (5)) 15M 2/80		HARLES	A. RICE	130	0 Eu	taw Pla	ce		PE FE	B 2	1981	b. RECHTRAR	's signature	sody	



FOR 1 - STATE REGISTE 1. DECEASED (TYPE OR PRINT) 3. SEX male 70. BIRTHPLA	NAME FIRST	ME	DICAL EXAMINATION MIDDLE			PEATH R		3334	16
1. DECEASED (TYPE OR PRINT) 3. SEX male 70. BIRTHPLA	NAME FIRST WIL	LTAM	WIDDLE		LAST	20. DATE KNO	WN MONTH	DAY YEAR	
3. SEX male 70. BIRTHPLA	WIL	T.TAM							2b. HOUR
male 70. BIRTHPLA			G	BRO	V	OF EST	ED 🖾 12	23 1980	
70. BIRTHPLA		5. DATE OF BIRTH	6 AGE (IN Y	EARS IF UN	DER 1 YR. IF UNDER		MONTH	DAY YEAR	2d HOUR
70. BIRTHPLA	white	Feb. 17,	1911 69	PAY) MONTH	S DAYS HOURS	MIN PRONOUNCED DE AD	12	28 1980	10:15
	CE (STATE OR	75. CITIZEN OF W		18	ED NEVER MARR	9 BALTIMORE			1 DM
FOREIGN CO Vir	ginia	U.S.	Α.	WIDOW	-	00	imore C	ity	MD.
10 CITY OR T	OWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOM		ER INSTITUTION	12a. USUAL OCCUPATIO	N (TYPE OF WORK	12b. KIND OF B OR INDUS	USINESS
Balt	imore		ashington P			FOR MOST OF WORKING L	IFE)	House P	
	ENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G	VE RESIDENCE BEFORE ADMISS	SION)	Trad the late city courses	13e STREET ADDRESS			
Maryl		111	Baltimon	re	YES X NO	716 Washin	gton Pl.	ace	- 1110
14. FATHER'S	NAME	WIDDIE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
Unk.	CEASED EVER IN U.S. AR	MED EORGES	16b. SOCIAL SECURI	TYNO	Unk.	Criond. Ar	DRESS	71	201
(YES, NO, OR	UNKNOWN) (IF YES, GIVE	WAR OR DATES)	579-05-98			artin, 1724			
1.6	USE OF DEATH (Enter or				ESCHEL MA	1/24	y. Cliar.	APPROXIMA	
go ca lyi	inditions, if any, which ive rise to immediate use (a) stating the undering cause last. OTHER SIGNIFICANT CONDITIONS	DUE TO, OR	AS A CONSEQUENCE		OR CONDITION GIVEN IN PA	RTT (o:			
GERTIFICATION 130° DV	TE OF OPERATION	19% CONDI	TION FOR WHICH OPE	ration w	AS PERFORMED?			20 AUTOPSY	19
4								YES 🗆	NO K
UNDEF CONTI	TERNAL CAUSE WAS RLYING OR RIBUTING CAUSE OF	DEATH P.N	A. MONTH DAY YEA	AR		ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR P	PART 2)	
WHILE AT WO			OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION TREET	CITY OR TOWN	c	OUNTY	STATE
ACTUA SIGNA EXAMI (TYPE C	AL TURE	n M. Dixon	Accident , S		Homicide Title (SPECIFY) D. Assistan ADDRESS 111	Undetermined monner Undetermined monner The MEDICAL EXAMINER Penn St. 13d LOCATION CRYOR TOWN		E NED_12-29-	
ZJO BURIAL, C						CITY OR TOWN		UNTY	STATE
Buri	al	1/26/81	VA Cem.	Crow	nsville	Crownsvil			ID I



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. YU - 2 REGISTRAR 20. DATE KNOWN 1. DECEASED NAME FURST 2b HOUR (TYPE OR PRINT) OF ESTI-WILBERT CARTER 12 20 4 RACE . SEX DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 14:600R LAST BIRTHDAY) PRONOUNCED male black DEAD 12 20 1980 FUNERAL 5 FOR Y 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City WIDOWED DIVORCED U.S. SES 1, 2, AND 3 TO THE FU A PM 3. RETAIN PAGE 5. AND 2 SHOULD BE FILED, W FVITAL RECORDS. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS N. Parish Street Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. NO [1123 N. Fulton Ave. 14. FATHER'S NAME TER DE. 15. MOTHER'S MAIDEN NAME IT. PAGES 1 AND 2 DIVISION OF VITA MIDDLE MIDGLE LAST LAST HOURS AFT. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS 166 SOCIAL SECURITY NO Unkn. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DI I., CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular , disease DUE TO, OR AS A CONSEQUENCE OF Canditians, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION Alcoholism NER. THIS CERT.

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THE STATE DEPARTMENT OF HEAL

THE STATE DEPARTMENT OF HEA 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES 📑 NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21¢ PLACE OF INJURY (AT HOME 211 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 31 AFIER DEATH, WITH THE STATE DE BALIJIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK XX 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinion Natural causes XX death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 12-21-80 SIGNATURE EXAMINER'S NAME Margarita A. Korell 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION COUNTY STATE Removal /21/81 24. FUNERAL DIRECTOR GISTRAR'S SIGNATURE **DHMH-17** Anatomy Board (VR A15 ME (5)) Balto., Md. 15M 2/80

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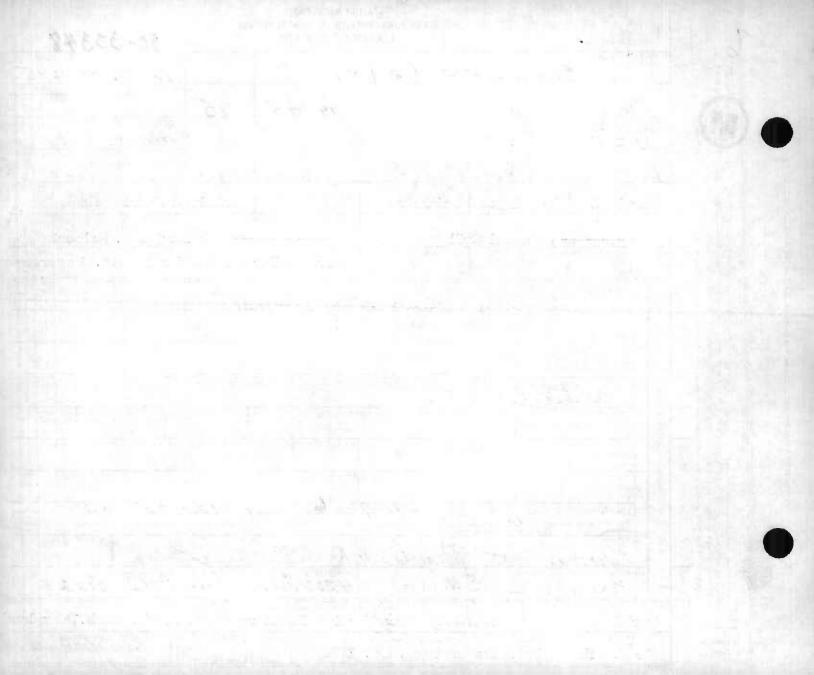
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH Evers 3 SEX MONTH Hagerstown OREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH DIVORCED (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY one USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d INSIDE CITY LIMITS? Dukeland Nursing Home Washington Maryland NO 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME Catherine R. Nalbert Samuel Crillev 60 WAS DECEASED EVER IN U.S. ARMED FORCES? BALTIMORE Betty Wollard, Broadfording Rd., Hagerstown (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for in PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE W. PRESTON OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NOF YES [NO [Mental Hygu 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY Hem 18 MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION ò 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 12 and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did not view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ld b ERCIVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL burial Hagerstown, Wash., Maryland Dec. 27,1980 Broadfording Cemetery MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A 15 (4))



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	NO. 80) -	333	49
ATH	MONTH	DAY	YEAR	7h HIVITIP

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO. 86	9-333	49
	ECEASED NAME	FIRST		AIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
		CLARA		BEILE		Y	DECEM		21, 1980	10:30A
3. SE	FEMALE	4	RACE		5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST)	ARTHDAY	MONTHS DAYS	IF UNDER 24 HRS
3- 0					JANU	Any 29, 1901		YRS		
) (0. E	COUNTRY Hor GON	Co.	U.S.	A.	MARRIE	DIVORCED	Baltimore City			M
100	Altimore	CAL	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS!	TION	12h KIND O	F BUSINESS OF
130	JAL RESIDENCE (IFN STATE MANJANA	COUNTY	1	BEL Air		136 INSIDE CITY LIMITS? YES NO 🔀	138. STREET ADDRESS		T gruinor	PAOS
9	ATHER'S NAME	He	SHELL	Monk	5	15. MOTHER'S MAIDEN N	HNN		Phelps	
	WAS DECEASED EV (YES NO OR UNKNOWN)	ER IN U.S. ARME		213-01-9		Mrs. Kathryn	819-2511 ADD 20	rest H	Jarrettovi Fill Margia	HE ROAD ATE INTERVAL DISET AND DEATH
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	22a.1 certify that sow the dece	(1) this haspital ased alive an another)ECEMBE	R 21 108	0, an	d that in (my) Our opinion		date and h		
	22d. PHYSIC MAY'S	NAME (TYPEOR PI	M	nswa	y	Ing appores	MEDICAL ST DIRECTOR PHYS		14	2668
	GOPAL CSIP	PAR WANY	ON UR	USWAI		BROADWAY, BA	CH HOSPITAL ALTIMORE, M			100 N. 21231
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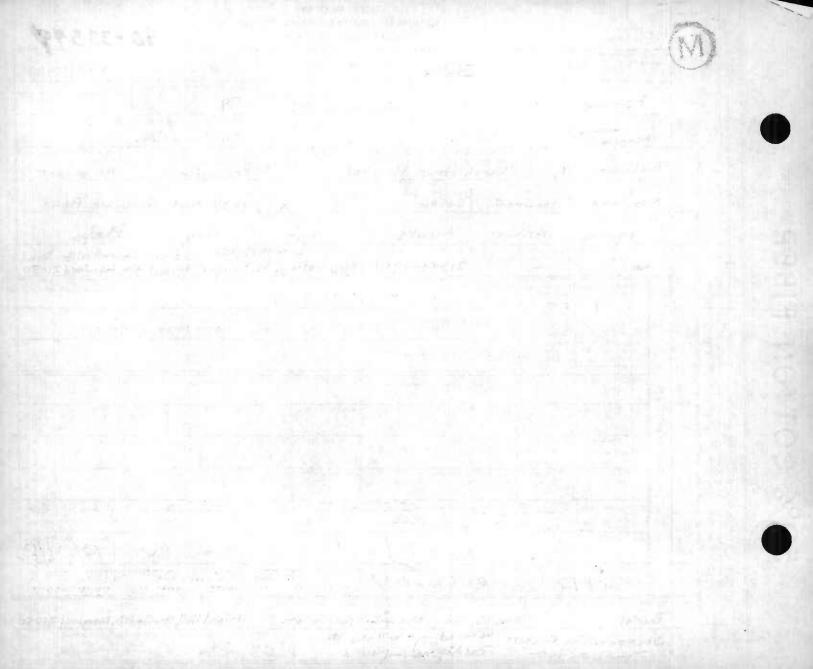
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Sos Eph William Foster

W Broadway & Williams St. Bel Air Maryand 21014

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250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE
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	3. SE)	emale	black	S. DATE OF BIRTH		MATHRANS IF U		UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH 2	DAY YEAR 4 1981	24 HOUR 8:50A
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DEE, MD. DEATH, IF SES 1, 2, N PM 3. AND 2 SF	1	THER'S NAME FIRST		WIDDLE	West		HAR		MIDDLE	Mo	N CK	
BALTIMORE, ME URS AFTER DEATH. B. GIVE PAGES 1, 2 WITH FORM PM. T. PAGES I AND 2 DIVISION OF VITA	16a. V (Y	VAS DECEASED EN	TER IN U.S. ARMI	ED FORCES? AR OR DATES)	166 SOCIAL SE	CURITY NO.	Leon Leon	AEH	rom 2 S	NESS -33	19/ds	Andr
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DIV EUTE THE CERTIFICATE, WRIT GE 4 SHOULD BE FORWARDI FINNERAL DIRECTOR; PAGE FIER DEATH, WITH THE STATE LITMORE, MARYLAND, 21201		22a. I certify the death resulted for ACTUAL SIGNATURE		of the remains described in the remains descri	Accident ,	Suicide	psy . Ins , Hamicide JITLE (SPEC ASSIST	IFY)	Inquiry	ond in my ap	2/4/8	31
TO MEDIC EXECUTE TO FUNER TO FUNER A FIER DEA		EXAMINER'S NA (TYPE-OR PRINT)	ME Horma	z R. Guax	d,M.D.	1	ADDRESS 11	1 Penn	Street,	Balto M	D 21201	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 26 HOUR 20. DATE KNOWN YEAR (TYPE OR PRINT) ESTI-DEATH MATED 18 1980 Adolphus Barron 11:27 6. AGE (IN YEARS IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 3 27 95 85 DEAD 12 18 1980 male negro ам 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Baltimore City Georgia DIVORCED WIDOWED VE PAGES 1, 2, AND 3 TO THE HIN H FORM PM 3. RETAIN PAGE 5 NGES 1 AND 2 SHOULD BE FILED SION OF VITAL RECORDS, 201 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS ID CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 300 blk. Dickman St. Retired Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto. 136 COUNTY 13d. INSIDE CITY LIMITS? Edmondson Ave. YES Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Jenkins NMI Moriah NMI Lee Alfred INUL.
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS MEDICAL EXAMINER ALONG WITH FORM AS A BURIAL - TRANSIT PERMIT. PAGES 1, ALTH AND MENTAL HYGIENE, DIVISION C CREMATION, OR REMOVAL. 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Beatrice T.Lee-2659 Edmondson Ave. 234-20-8383 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A E CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? USED COTE THE CERTIFICATE, WRITING THE WORD "P SE 4 SHOULD BE FORWARDED TO THE CHIEF I PUNEAL DIRECTOR; PAGE 3 SHOULD BE USED BE DATH WITH THE STATE DEPARTMENT OF HE TIMORE MARYLAND, 21201 PRIOR TO BURIAL, YES [NOK 2 To. EXTERNAL CAUSE WAS 216. TIME OF INILIRY 2 To HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21 e PLACE OF INJURY [AT HOME STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK Inspection X 22s. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Homicide Undetermined manner Natural causes Suicide death resulted from: TITLE (SPECIFY) 12-18-80 Assistant MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn St. AFTER (TYPE OR PRINT) 2 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE COUNTY STATE Shiloh Bapt. Cem. Ga. 1/24/81 B. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Joseph L. Russ 2222 W. North Ave. **DHMH-17** (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN PE OR PRINTI OF 1080 20 MATLILIEW R. DEATH MATED TAYLOR 4 RACE SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2 To Its 2c. DATE DAY YEAR LAST BIRTHDAY) PRONOUNCED OUR white nale .80 19 8 , 42 DEAD TE CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City II.S. WIDOWED DIVORCED 2, AND 3 TO THE F. 3. RETAIN PAGE S 2 SHOULD BE FILED, 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS S FOR MOST OF WORKING LIFE) OR INDUSTRY E. Pratt Street Baltimore RECORDS USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto. 2007 E. Pratt St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 M PM 3 N 8. GIVE PAGES 1, WITH FORM PM. IT. PAGES 1 AND 2, DIVISION OF VITA MIDDLE MIDDLE LAST LAST 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Unkn. 217-36-3146 ALONG WI APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY Seizure disorder DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Canditions, if ony, which EXAMINER gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION AS USED A 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES [NOXX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 38 PART 1 OR PART 20 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 214 INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY Inspection X 228 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinian death resulted fram: Homicide Undetermined manner TITLE (SPECIFY) **ACTUAL** Assistant DATE 12-20-80 SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE TUED 23d. LOCATION 23r. NAME OF CEMETERY OR CREMATORY COUNTY STATE /,21/81 Remova] BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE **DHMH-17** Malhen Anatomy Board Balto., Md. (VR A15 ME (5) 15M 2/80

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-	gove ri cause (o	ns, if any, which ise to immediate) stating the <u>under-</u> use last.	(b) DUE TO, OR	AS A CONSEQUENCE	OF				3			
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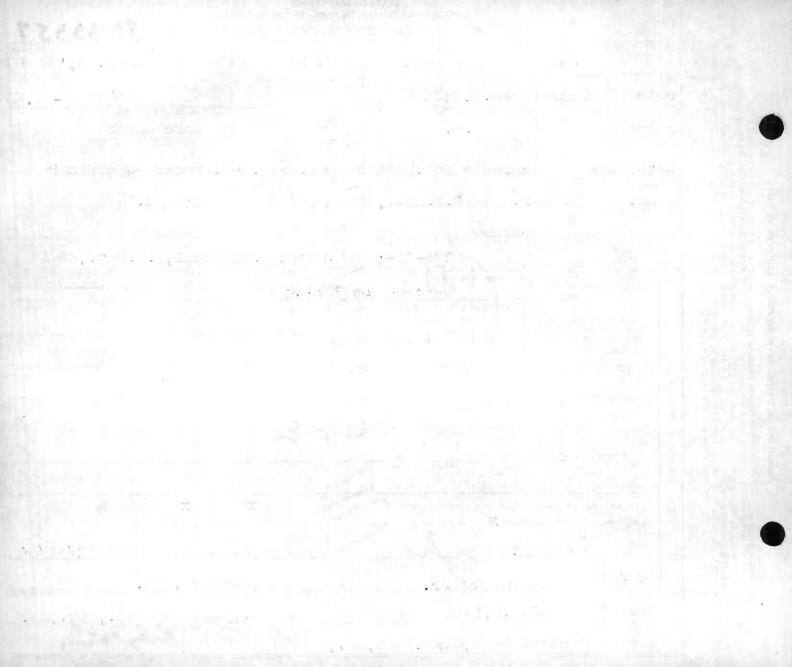
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0	Joseph	P.		Bern	ert		nna		— MII	DDLE		Love	
160	VAS DECEASED EVER	IN U.S. ARMED	FORCES?	166. SOCIAL	SECURITY NO	17 INFOR	MANT			ADDRESS		Here	
-	No			209-14		Craf	t Fune	eral	Home,	Erde	nheim	n, Pa.	
	IN CAUSE OF DEAT	TH (Enter only and VAS CAUSED BY:	e couse per line fo	or (o), (b), and	d (c).)							APPROXIMA BETWEEN ON:	TE INTERVAL
	0100	IMMEDIATE CA	1005 (0)	owning							THE !		
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	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTR	IBUTING TO DEATH BU	IT NOT RELATED T	D THE TERMINAL O	SEASE OR CONDITIO	ON GIVEN IN PAR	T 1 (a).					
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 2e. DATE KNOWN A TYPE OR PRINTI OF ESTI-Dec. 30, Albert Marshall James UNERAL DIRECTOR. FOR YOUR WITHIN 72 H SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE ST Feb.2,190 LAST BIRTHDAY PRONOUNCED Male White DEAD To BIRTHPLACE (STATE OR LOUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Maryland U.S. Dorchester WIDOWED M DIVORCED PICE S 10. CITY OR TOWN OF DEATH I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12e. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Cambridge E USUAL RESIDENCE (FIN NURSING HOME OR OTHI Enroute Dorchester Genl Hosp Ret Grocer Spoervisor ORDS 13e. STATE 13b. COUNTY 13c. CITY OR TOWN (3d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO Rural Rt. 16 AL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 LAST MIDDLE AND LAST Unknown Unknown FORM 0 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PAGES 222-01-1568 Robert H. Marshall, E. N. Mkt., RD 1 No CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Coronary occlusion IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION CREMA 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES [NO A BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 PRIOR 214 INJURY OCCURRED 210. PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN WHILE AT WORK TO AT WORK COUNTY STATE X 22a I certify that I took charge of the remains described above, held an Inquiry X Autopsy Inspection ond in my opinion Natural causes 20 death resulted from: Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, MA 12/37/80 Denuiv SIGNATURE MEDICAL EXAMINER EXAMINER'S MAME TYPE OR PRINT John Wack Cambridge ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Jan. 2.1981 East New Market Cem. East New Mkt. Dor. Md. BP. 24 FUNERAL DIRECTOR **DHMH - 17** Thomas Funeral Home, Cambridge, Md. (VR A15 ME (5)) 30M 7/73



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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ysica oper oper oval.			18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y one couse pe	r line for (o), (b)	Cal		-			BETWEEN	MATE INTERVAL
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SICIAN: ng physicentifical rical-tran ental Hy ltem 18:	-		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER)		M. MONTH	DAY YEAR	ZIE HOW IN)	URT OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 1:	8, PART 1 OR PART 2)	
HYS ding bur A Me	1 3	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE	1100	211 LOCATION	N	CIT	ORTOWN	COUNTY	STATE
OING P or atter After II e os the alth and marked	1		WHILE NOT WHILE AT WORK	(A) NOME, SI	REET, FACTORF, OFFICE	:, PARM, ETC.)	11		· 15	-(5-0	3
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the hos AL DIRECTOR DIRECTOR DIRECTOR DEPT			226. SIGNATURE	lins				ITENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [221 DATE	SIGNED D
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	1		Thomas	XB	huse.		214	Crock	3 Great	Oaki	M. Bus	131550
5 p	2:	a Bl	URIAL, CREMATION, REMOVAL	23b. DATE	231	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATIC	N	COUNTY	STATE
BP		(3)	burial	12/3	26/80 Ga	rrett	Co. Mem	. Gard			errett.	
DHMH - 16 50M 7/77			NERAL DIRECTOR		ADDRESS		pend si	25a. DAT	E REC'D. BY REGI	STRAR 25b. REG	STRAR'S SIGNAT	UREwowly
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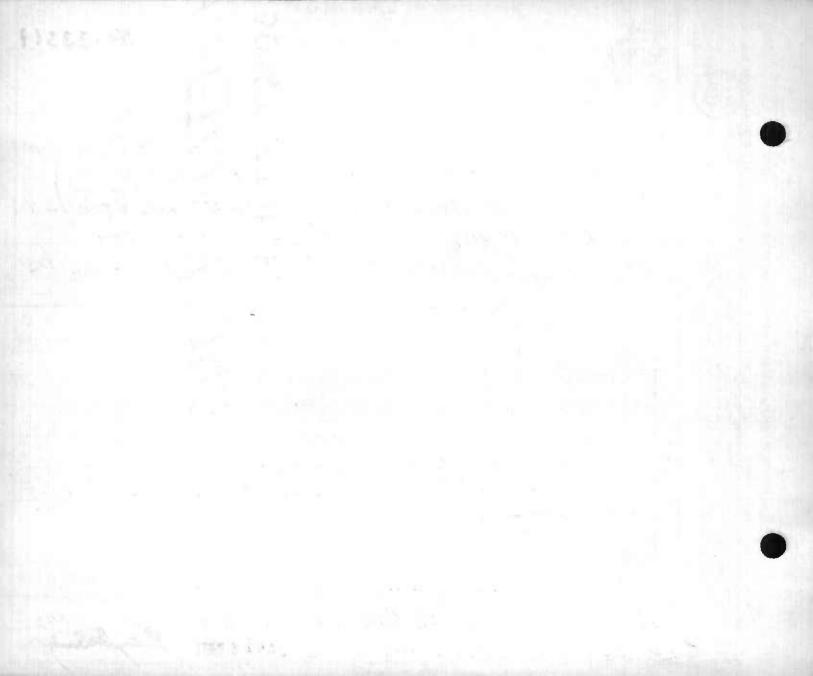
Oakland, Maryland

STATE OF MARYLAND

24 FUNERAL DIRECTOR
Bradley A. Stewart

64666 - 93

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) OF ESTI-Henry Cook Agnes DEATH MATED 12 16 1080 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE PRONOUNCED 26 HOUR DEAD 12 16 180 black am female To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MRYL FINI WIDOWED DIVORCED Harford County IN CITY OR TOWN OF DEATH OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LIVE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Harford Memorial Hosp. SHOULD BE A (DOA) Havre de Grace 130. STATE 13d. INSIDE CITY EIMITS? 13e STREET ADDRES NO L F. PAGES 1 AND 2 SI DIVISION OF VITAL 14 FATHER'S NAME 8. GIVE PAGES 1, WITH FORM PM. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO OF UNKNOWN THE YES GIVE WAR OR CATES CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALONG IMMEDIATE CAUSE (a) Smoke & soot inhalation & acute carbon monoxide intoxication onditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, R: PAGE 3 SHOULD BE U STATE DEPARTMENT O D, 21201 PRIOR TO BURI YES T NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 JATE, WRITING THE WENTER OF THE WARRED TO THE HOUR A.M. MONTH DAY YEAR UNDERLYING AOR
CONTRIBUTING CAUSE OF DEATH MEDICAL 3 · 16 M. 12-16-180 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) House fire 21d INJURY OCCURRED 211 LOCATION AT WORK AT WORLE 115 N. Washington St. Havre de Grace Harford house TO MEDICAL EXAMINER: TY
EXECUTE THE CERTIFICATE, Y
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PY
AFTER DEATH, WITH THE SIX,
BALTIMORE, MARYLAND, 2 Md. X 22s I certify that I taals charge of the remains described above, held an Autapsy Inspection and in my apinion Nato al Buses Undetermined manner death resulted frain: Hamicide TITLE (SPECIFY) ACTUAL DATE 12-16-80 M.D. Deputy Chiefedical examiner SIGNATURE EXAMINER'S NAME 111 Penn St. Thomas D. Smith, M.D.. TYPE OR PRINT ADDRESS 23¢ NAME OF CEMETERY OR CREMATOR 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE COUNTY BP. 250. DATE REC'D. BY REGISTRAR 256. PE 24 FUNERAL DIRECTOR ISTRAR'S STONATORE **DHMH - 17** (VR A15 ME (5)) 15M 2/80



Cheverly, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

80

IF UNDER 1 YEAR

INDUSTRY

30

2:30P

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

LAST

one hour

OF DEATH?

NO T

STATE

STATE

COUNTY

250 PATE RECT. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

05

DIVISION OF VITAL RECORDS,

DHMH - 16 60M 7/73

(VRA 15 (4))

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

R. H. Hagaman

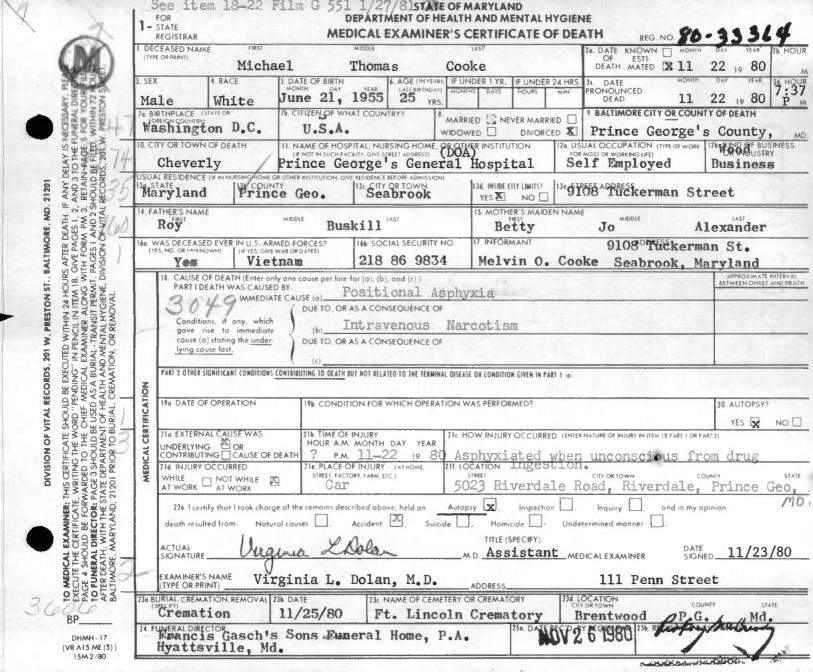
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(VRA 15(4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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injury, or other troumotic event, th

should be detoched for use as the buriol-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or IMPORTANT: If Hem 21 is marked or Item 18 shows only injury, or other traumatic

ATTENDING PHYSICIAN: The low

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

46.	3365	
REG. NO	3767	

		REGISTRAR		CERTII	ICATE OF DEATH	REG.	10.33	365	
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(1782	JOSEPH	Н		DUDLEY		12 2	2 80	4:00 A
	3 SEX	Х	1 RACE	5. DATE O		6. AGE IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
		Male	Black		17, 1918	62	YRS	MONTHS DAYS	HOURS MIN.
1	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
9		Pa.	USA	WIDOWI	ED DIVORCED	PRINCE GE	ORGE'S	COUNT	MD.
4		ITY OR TOWN OF DEATH HEVERLY	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S' PRINCE GEORGE	REET ADDRESS)		12a USUAL OCCUPA (TYPE OF WORK FOR MOST Retire		12b. KIND (E) INDUSTRY	OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE Maryland L			13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 3609 Jet		ad	
	14. FA	ATHER'S NAME	MIDDLE LAST	The same of	15. MOTHER'S MAIDEN NA	ME		LA	.,
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Н		yes	178 1	8 2250	Jean B. Du	dley-wife	<u> </u>		
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9		PART I. DEATH WAS CAUSE	TE CAUSE (o)	vin y	derea				
Н		4210	DUE TO, OR AS A CONSE	OUENCE OF	Rola	0			A CONTRACTOR
n		Conditions, if any, which							
		gave rise to immediate cause (a), stating the							
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-	ON	7							
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	YING CAUSE	
4	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	-	21c. HOW INJURY OCCUR	YES NO			NO []
1		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH			(2002)			
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	4	sow the decomed alive on above, (I) (we) (did) (did no	t) view the body after death.			deom accorred on me	- adre and nou	-	
		22b. SIGNATURE	Thirds	- ll	ATTENDING PHYSICIAN (MEDICAL ST DIRECTOR PHYS	AFF	12	22/80
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	23a B	BURIAL, CREMATION, REMOVAL	IDB. DATE	23c. NAME OF C	EMETERY OR CREMATORY	236 LOCATION		601h/2	
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DHMH- 16 30M 2/80 (VRA 15, 4)

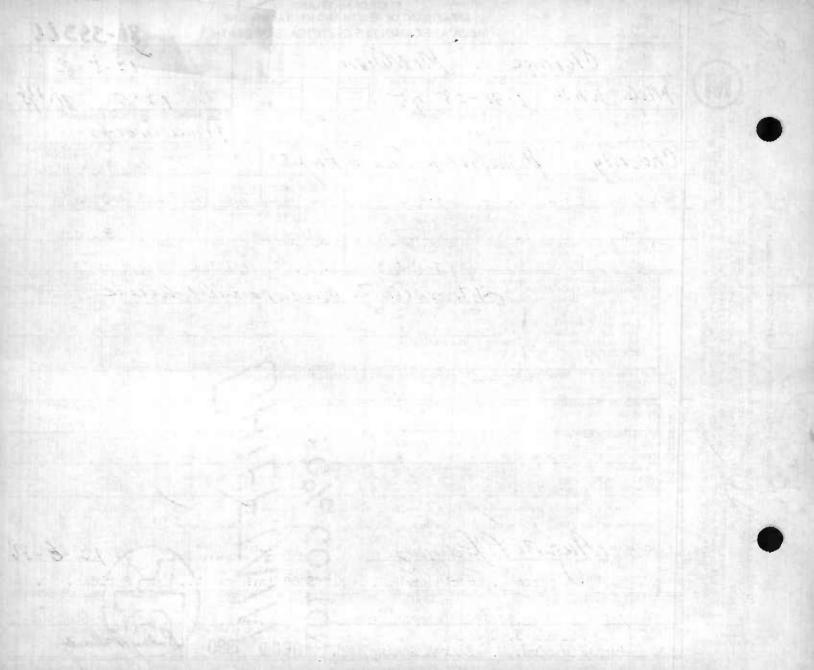
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TO FUNERAL DIRECTOR: After this

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE 20. PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED Florida WIDOWED ILSA ! CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Executive -Trade Association RETAIN PHOULD BE USUAL RESIDENCE IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? College Park Maryland Pr. Geo. 7508 Dickinson Avenue YES _ NO [] RM PM 3. AND 2 SI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST McMillan Brinson David Lucu 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. INFORMANT **ADDRESS** DIVISION wife (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 257-01-9837 onaro same as 18 CAUSE OF DEATH (Enter only one cause per life fits (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) IFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES [NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING 9 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21e PLACE OF INJURY (ATHOME, ZIF. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 226. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram: Natural causes Accident Homicide DIRECT Undetermined manner TITLE (SPECIFY) EXECUTE THE PAGE 4 SHOUTO FOR FORTH PAGE 4 SHOUTO FORTH PAGE PATH, BALTIMORE MA Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Camp Springs, Md. Augusto iez M.D (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Dec. 10, 1980 Lebanon Cemetery Brooks Georgia Pavo 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 Francis J. Collins RAR'S AIGNATURE **DHMH - 17** (VR A15 ME (5)) Silver 500 University Blvd. W. 15M 7/77

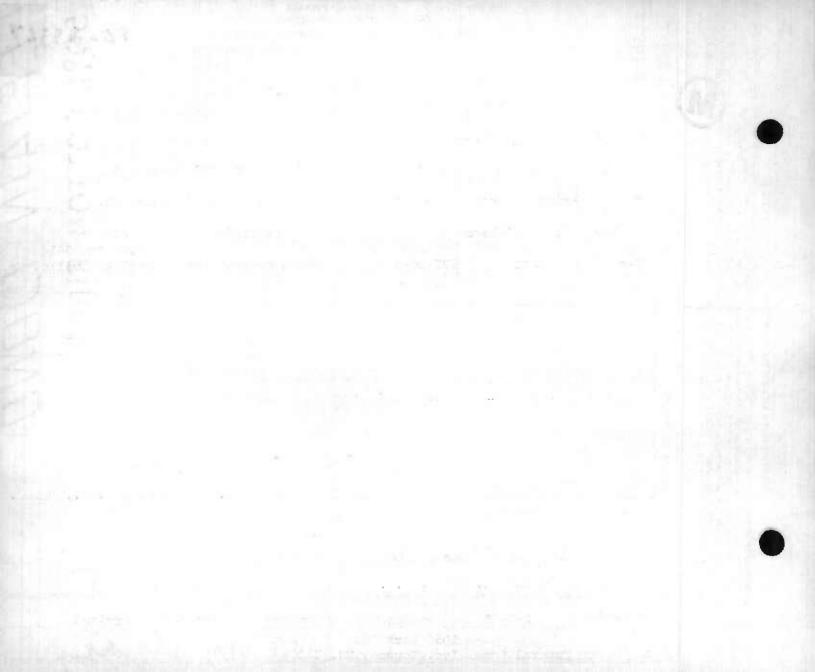
STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN TYPE OR PRINTI ESTI-William David Middleton DEATH MATED 19 80 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE DATE LAST BIRTHDAY PRONOUNCED Dec. 13, 1918 Male White 62 YRS DEAD 1981 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia U.S.A. WIDOWED . DIVORCED Prince George's County. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUS FIR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (DOA) OR INDUSTRY Prince George's General Hospital Chever1v Federal Government USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 134 INSIDE CITY LIMITS? 134 STREET ADDRESS Prince George Maryland Riverdale 5511 Mickleson St. NO TX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Wesley Middleton Drucilla Wood 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESP.O. Box 3414 146 SOCIAL SECURITY NO 17 INFORMANT (YES, NO, OR UNKNOWN) Yes IIWW 577-26-4606 Teaque Funeral Home, Charlottesville, Va. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Strangulation IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) Blunt injury to head & trunk; stab wound of left chest 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO [21g FXTERNAL CAUSE WAS 216 TIME OF INILIPY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH ? P.M. 12 31 19 80 Subject strangled 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 5511 Micholson St., Riverdale, home Md. FEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR, PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection Inquiry Hamicide X Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 1/13/81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Cremation 2 - 2 - 81Loudon Park Crematory Baltimore Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE ADDRESS 1050 York Rd. **DHMH-17** 2126FB VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md.

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STATE OF MARYLAND



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 80-33371 CERTIFICATE OF DEATH REGISTRAR . 0 birth 8 70 DECEASED NAME LAST 20 DATE OF DEATH (TYPE OR PRINT) 80 SMITH 60 N 0 3. SEX 4. RACE 5. DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR FEMALE WHITE 9 80 To. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY Maryland DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Filed AGNES BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13e STREET ADDRESS 13b. QOUNTY filled ould b 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? MARYLAND BALTO 5528 WILLYS AVENUE ARBUTUS YES [NO X for 2 sh 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST RONALD LEE DOROTHEA MARGARET SCHWEMMER SMITH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMAN IYES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (ci.) eath PART I. DEATH WAS CAUSED BY Non-viable fetus. MMEDIATE CAUSE (a) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last tak 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 9:10 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per NOX YES [NO [Infant 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 19 0 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from saw the deceased olive an. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated (did not) view the body after death 22b. SIGN-4 DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME LTYPE OR PRINT 22e ADDRESS ld b CATON AVENUE BALTIMORE MD ALFREDO J. HERRERA, M.D. 900 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN (SPECIFY) COUNTY STATE 9/2/80 Agnes Hospita 24. FUNERAL DIRECTOR DHMH-16 30M 2/80 NAME ADDRESS (VRA 15, 4)

BALTIMORE CHT

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POU CATON AVENUE BALTIMORE NO 21229

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-OF DEATH MATED XX George Turner 299 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH 5:22P LAST BIRTHDAYL PRONOUNCED DEAD 3/19 Male Black 8 31 17 63 YRS 70. BIRTHPLACE ISTATE OR 7h. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S. WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore 1930 McCulloh Street 3. RETAIN SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13e STREET ADDRESS 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. Balto. YES NO L 1930 McCulloh St. TER DEAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES. O MIDDLE LAST MIDDLE LAST 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS DIVISION LYES, NO. OR LINKNOWNI Unkn. 232-30-5161 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH MENTAL HYGIENE, N, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF JSED AS A BURIAL -OF HEALTH AND MEI RIAL, CREMATION, C lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURI CATE, WRITING THE WORL FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U YES 🗌 NOY DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PACE 4 SHOULD BE FORWARDED TO FUNEXAL DIRECTOR: PACE 3 S ATTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 PI STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK X 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide death resulted fram Undetermined manner TITLE (SPECIFY) ACTUAL 1/1/81 Deputv SIGNATURE EXAMINER'S NAME III Penn ST. Thomas D. Smith. M.D. Balto. MD TYPE OR PRINT ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE COUNTY STATE Removal 1/23/81 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NAME DHMH-17 (VR A15 ME (5)) Anatomy Board Balto., Md. 15M 2/80

80-52536.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) VAQUERA OF ESTI-FIDEL DEATH MATED X 180 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. 121048 IF UNDER 24 HRS 20. DATE PRONOUNCED Mar. 28, 1960 male mexican DEAD 1981 URS AFTER DEATH. IF ANY DELAY IS NECESSA 8. GIVE PAGES 1, 2, AND 310 THE FUNRE 1. WITH FORM PM 3. RETAIN PAGE 5 FOR VI 1. PAGES 1 AND 2 SHOULD BE FILED, WITHAL DIVISION OF VITAL RECORDS, 201 W. PRESTE 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Mexico USA Baltimore City DIVORCED OR INDUSTRY
US.GOV t ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK north side of pier Key Hgwy. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS New Mexico Luna YES-NO L Demino Memory Lane 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST Gregorio Deceased aguera 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 904 Memory Lane 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Gregorio Vaquere Deming, New Mexico Yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Drowning MENTAL HYGIENE, N. OR REMOVAL. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last ALTH AND MI CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) USED AS A EOF HEALTH CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES XX NO [E 3 SHOULD BE DEPARTMENT BE 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 PRIOR TO OR OR HOUR A.M. MONTHS UNDERLYING subject found in water MEDICAL CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (ATHOME 21f. LOCATION 21d. INJURY OCCURRED in water north side of pier Key Hgwy. Baltimore, Maryland WHILE NOT WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a I certify that I took charge of the remains described above, held an and in my apinian Undetermined manner 3-3-81 ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED Margarita A. Korell, M.D. ADDRES EXAMINER'S NAME 111 Penn Street TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Removal 3-10-81 Deming Cemetery Deming. N. . Mex. Luna BP BY REGISTRAR 256, REGISTRAR'S SIGNATURE 8655 Georgia Ave, DHMH-17 Silver Spring. Md (VR A15 ME (5))

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deoth. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detoched for use as the burral-transit permit. Then please remove corbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal TO FUNERAL DIRECTOR:

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the

FOR STATE

REGISTRAR

STATE OF MARY AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 60 - 33374 .

	I. DECE ASED NAME (TYPE OR PRINT)	FIRST	WALDHA.	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ì	3 SEX	4 RACE	5. DATE C		DECEMBER 28,	1980 M
/	MALE	WHITE	MONTH 2	3 1889	00	MONTHS DATS HOURS MIN.
5	MARYLAND	Th CITIZEN OF	WHAT COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OR COU BALTIMORE (NIY OF DEATH CITY MARYLAND MD.
9	BALTIMORE	BELA IR	HOSPITAL, NURSING HOME C H FACILITY, GIVE STREET ADDRESS) CONVALESARIUM	DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN LA BORER	NG LIFE) 176. KIND OF BUSINESS OR INDUSTRY BALTO. CITY
5	MARYLAND	SHOME OF OTHER INSTITUTION THE COUNTY BALTIMORE	GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN BALTIMORE	13d. INSIDE CITY LIMITS?		HEIGHTS AVENUE
	14. FATHER'S NAME KILLIAN	MIDDLE	LDHAUSER	15. MOTHER'S MAIDEN NAME FIRST MARY	WE	BECK LAST
2	160 WAS DECEASED EVER IN	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 217 48 8481	17 INFORMANT GEORGE WALDHA	AUSER 4315 GLEN	21206 WMORE AVE BALTO MI
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	230. BURIAL, CREMATION, RE	1 2/31 /		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE

DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR

DIPPEL FUNERAL HOMES 7110 BELAIR RD. 21206

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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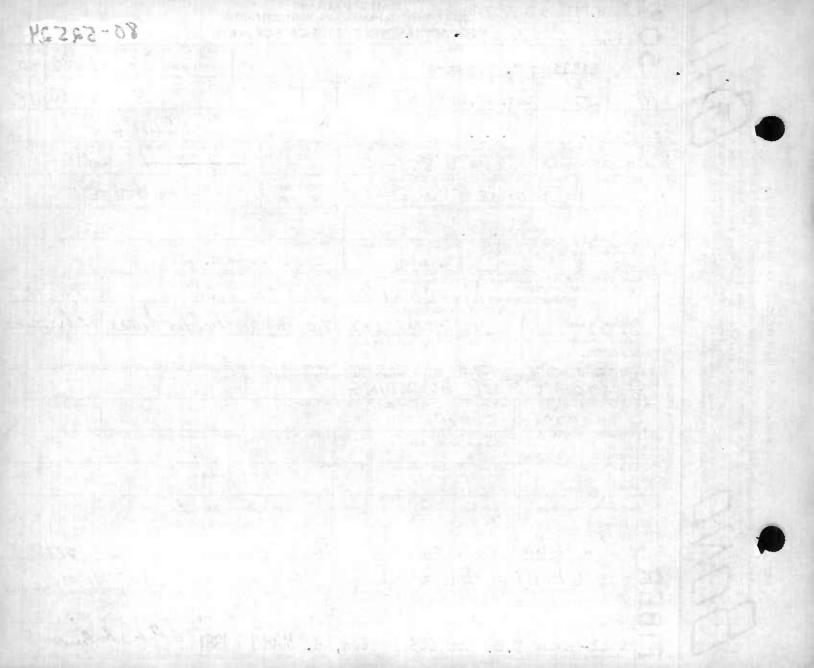
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Z & 230	e. BUI	RIAL, CREMATION COPY)		Aug. 24.		NAME OF CEME	TERY OR	CREMATO Mem.	ORY	236. LC CHY Eas	ortown ton,	Talb	ot, C	YTAUC	d.	ATE
7 (5))		NERAL DIRECTOR NAME ashiell		P.O.	Box 6	06 Eas	ton		MAR.	REC'D. BY	registra 1981	R 25b. B	ISTRAR'S	Sen.	LACOLO	7-57



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLAER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AS CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIV FORWARDED TO THE CHIEF ARDICAL EXAMINER ALONG WITH OR STATE DEPARTMENT OF HALITH AND MENTAL HYGIENE, DIVISIOND, 21201 PRIGR TO BURIAL, CREMATION, OR REMOVAL.		PARTIDIO Condition gave ri	F DEATH (Enter of ATH WAS CAUSI IMMEDIA ons, if any, which se to immediate stating the under	TE CAUSE (o), DUE T	He to, or as	emoglobi A CONSEQUER	n SC (lisease					APP BETWE	ROXIMATE INTERVAL EEN ONSET AND DE A
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Winderlying Wor Contributing Cause of Death 2: 15p.m. 3 20 19 80 Fe II off bank into creek	52/	FICATION	19a. DATE OF OPERATIO	19b. COND	OITION FOR WHICH OF	PERATION W	AS PERFORMED?				
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death resulted from: Notural causes . Accident . Suicide . Hamicide . Undetermined manner . ACTUAL SIGNATURE . M.D. Chief . MEDICAL EXAMINER . SIGNED . 2/20/81 EXAMINER'S NAME . RUSSell S. Fisher, M.D. ADDRESS . III Penn St. Balto., MD.	-	MED	WHILE NOT WHAT WORK	ILE STREET, FA	CTORY, FARM, ETC)	5	TREET				
ACTUAL SIGNATURE CALLEXAMINER DATE SIGNED 2/20/81 EXAMINER'S NAME RUSSELL S. Fisher, M.D. ADDRESS III Penn St. Balto., MD. 23. BURIAL CREMATION REMOVAL 23. DATE 123. NAME OF CHARTERY OF CREMATORY 1234 10CATION	5		,		N		, Hamicide .		and in my or	oinion	
EXAMINER'S NAME RUSSell S. Fisher, M.D. ADDRESS III Penn St. Balto., MD.	ORE, MAI			Junde	A Tule	M		MEDICAL EXAMINER	DATE SIGNE	2/20/	81
136, DARIAS, CREMATION, REMOVAL 138, DATE 136, NAME OF CEMETERT OR CREMATORY 136, CITY OR TOWN COUNTY STATE	AFTER DI SALTIMO	73c P1	(TYPE OR PRINT)				ADDRESS	Penn St. Ba			
24. FUNERAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE	DHMH - 17 VR A 15 ME (5))	24. 1	INERAL DIRECTOR	ADDRE	SS		MAD 1	0 1001 Park	an Aral	Reads	

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	× FEMALE	4 RACE BLACK		DATE OF BIRTH	is ^{YEAR} O	& AGE (IN YEARS L	AST BIRTHDAY) YRS	IF UNDER 1 YEAR	HOURS MIN 42
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TIFICATI	190 DATE OF OPERATION	19b. CONDITION I	FOR WHICH OPE	RATION WAS PE	RFORMED		_ IN CERTIF	YING CAUSES	NGS USED OF DEATH?
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	sow the deceased alive a	n	19	, and that in (the date and hav	r and from the	
	724 PHYSICIAN'S NAME (THE	OR PRINT)	m. D.	22e. ADD	PHYSICIAN	DIRECTOR P	HYSICIAN	6/	15/80
(Cremation	23b. DATE 3/18/81			a1	Cheve	rly, Po		d.
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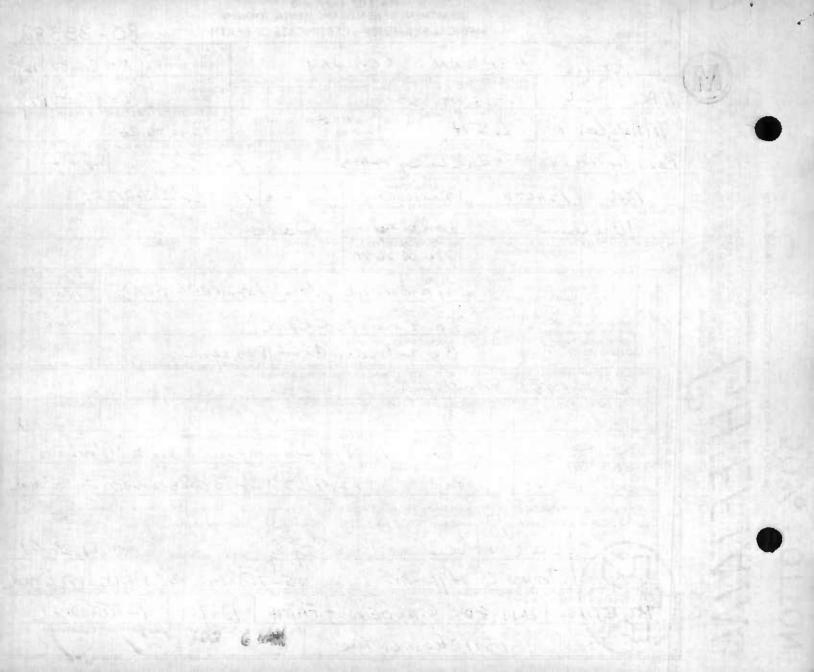
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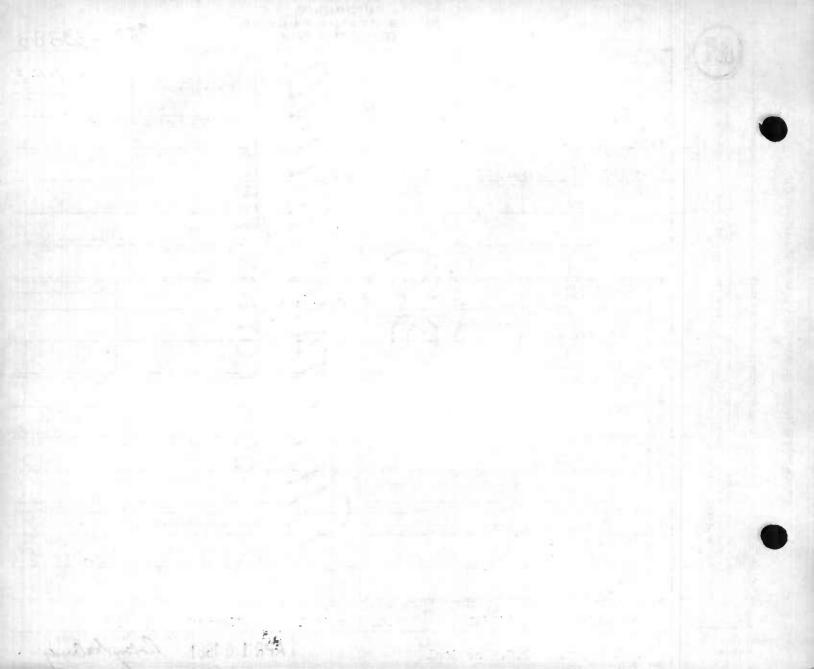
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-	EXAMINER'S NAME (TYPE OR PRINT)	Hormez	R. Guard,		ADDRE		Penn St	reet,Bal	to.,M	D 21201
Re	RIAL, CREMATION, REM ECIFY) MOVAL		4-8 <u>1</u> 23€. №	IAME OF CEMET	ERY OR CREM		23d. LOCATION CITY OR TOWN		COUNTY	STATE
	NERAL DIRECTOR NAME atomy Board	d of Md.	ADDRESS Baltimo	re, Mary	land		REC'D. BY REGISTRA	AR 25b. REGISTRA	AR'S SIGNA	JURE

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OC .		lying couse last.	(c)	Cerul	nul	comp	ones	FEB TOV	AL TIS HERE
REMATION, O		ART 2 OTHER SIGNIFICANT CONDITIONS	DATRIBUTING TO DEATH RU	T NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN PAR	T 1 (a).		
REMA		90. DATE OF OPERATION	-	Mitus			J. A.		
0		TO DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OP	ERATION WA	AS PERFORMED?			20. AUTOPSY?
SUR LE	7	In EXTERNAL CAUSE WAS	21b. TIME OF I	NILIRY	214 HO	W INJURY OCCURRED	CONTER MATTIRE OF MIN	IDV IN ITEM 18 DARY 1 (V	YES NO
		INDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M.	MONTH DAY YE	AR any	el dow,	A	due to	Blackant"
MEDICAL	2	Id. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF STREET, FAGTO		211. LOC st 1 2		S+ 73 CM	202173	COUNTY BUILT WILL
MEDICAL CERTI		22a. I certify that I took charge	e of the remains descr	ibed obove, held an	Autops	, Inspection	, Inquiry	(and in my	opinion
LAZ		death resulted from: 1 Nature	ol couses ;	Accident 2	Suicide	Homicide .	Undetermined mo	nner ,	
MARY MARY	A	CTUAL HONOLOGICAL HONOLOGICA HONOL	e. H	_	M.I	TITLE (SPECIFY)	MEDICAL EX AM	DA INFR SIG	TE 24-28-81
AFTER DEATH, WITH THE SI	E	XAMINER'S NAME Ja	THN C. 1	14/em)	DDRESS 7537	Brewin	Rel Bu	16,21236md
23a.	BUR (SPE	IAL, CREMATION, DEMOVAL 2		23c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION	00	OUMTY STATE
786	2	1342174	11-17-80	SHEI	DENJO		1 sall	5 15a	the met
(5))		NERAL DIRECTOR	ADDRESS	chasuc.	. An	25a. 6. 16.9	ECD. BY REGISTRAL	756 REGISTRAR	SSIGNATURE
/77			1011	C -Cm Tree C	0 10 2				



		FOR			E OF MARYLAND			
	1	- STATE REGISTRAR	DE		EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO	80 -	33383
(IVI)		CEASED NAME FIRST	MIDDLE	A	AST		MONTH DAY YE	AR Zh HOUR
à co	L			DII	YKINE		11 19 8	0 1:15 Pm
ige 4 mo; ector, po urs ofter c	3 SE	FUMALE	BLACK	5 DATE C		6 AGE (IN YEARS LAST BIRTI		YEAR IF UNDER 24 HRS
deoth. Po	70. B	IRTHPLACE ISTATE OR FOREIGN DOINTRY)	US A		D NEVER MARRIED D	9 BALTIMORE CITY O	R COUNTY OF DEAT	h Co MD.
by the fur iled within	10 0	HEVERLY	11. NAME OF HOSPITAL, IN THE NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		ND OF BUSINESS OR
hour hour	13a.	AL RESIDENCE (IF NUR TO THE TOUR!	er institution, give resident	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	MUNICS	2078 CAR
uted within 24 completely fille	14. E	ATHER'S NAME FIRST M	IDDLE LA	ST	IS MOTHER'S MAIDEN NA BENITA	MIDDLE	DIN	LAST
BALTIMORE, I	16a \	MAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE		L SECURITY NO.	17 INFORMANT	ADDRE	SS	711145
as that the death certifined by the ottending phylosse remove corban please remove corban puriol, cremotion, or remotion, or or other froumatic every.	NO	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (c) (CAUSE (a) (b) (c)	ISEQUENCE OF	cematurity	NINAL DISEASE OR CONE		PROXIMATE INTERVALL VEEN ONSET AND DEATH RT 1(a)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir ottending physician. After this certificate has been sign for the buriol-transit permit. Then h and Mental Hygiene prior to b naked or them 18 shaws any injury	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAU	NDINGS USED USES OF DEATH? NO
N OF VITA SICIAN: The ng physicio certificate h uniol-transit ental Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT. (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR			
INISION O Offending offer this cert for the buriol on and Menticle	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211. LOCATION STREET	CITY OR TOW	n COUNTY	STATE
R ATTENDIN hospital or IRECTOR. After the far use appl. of Health tem 21 is ma		220.1 certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE #		_19, an	d that in (my) (aur) opinian	, ta death occurred on the da		
0 4 0 50 5		22d PHYSICIAN'S NAME (TYPE OR	Polls		ATTENDING PHYSICIAN 2	MEDICAL STAF	F 10	NON. 1980
TO HOSPITAL (etoined by the for ENERAL (should be deto. with the State [IMPORTANT: If		Allen R. Po-	tter		P.G. C. H.			
000 BP	(BURIAL, CREMATION, REMOVAL SPECIFY Cremation	236. DATE 4/8/81	100	METERY OR CREMATORY Hospital	23d LOCATION CITY OF TOWN Cheverly	PG MD	STATE
DHMH - 16 60M 7/73 (VR A 15 (4))		NERAL DIRECTOR R. H. Hagaman I	P.G. Hospital	ESS	API	R 1 0 1981	25b. RESISTRAR'S SIG	Basely .



		FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE REG. NO.	0-3	3384
WII)	1. DE	ECEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
				WHITE		10-2		5:45 P _M
	3 SE	ix i	I. RACE	S DATE C		6. AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS	HOURS MIN.
35		SIRTHPLACE (STATE OR FOREIGN 7	b CITIZEN OF WHAT CO	MARRIE WIDOWE	D NEVER MARRIED D DIVORCED D	PRINCE GEORGE		MD
14 Thed	10 0	CHEVERLY	11. NAME OF HOSPITAL OT INSUCH FACILITY, OF	GIVE STREET ADDRESS)	RAL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND C INDUSTRY	OF BUSINESS OR
35	13a.	STATE ITS COUNTY	PHER INSTITUTION, GIVE RESIDE	nce before admission) OR TOWN	136 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS NO	NUA	2002
160	14. F.	ATHER'S NAME FIRST M	DDLE	LAST	15. MOTHER'S MAIDEN NA	WE	LAS	ST
the medical		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN] (IF YES, GIVE V		IAL SECURITY NO.	17 INFORMANT	ADDRESS	1	
r to burial, cremotion, or injury, or other troumotic	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) DUDITIONS CONTRIBUT	INSEQUENCE OF	NOT RELATED TO THE TERM	ninal disease or condition c	EIVEN IN PART 1	(a)
Hygiene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDIN TIFYING CAUSES YES []	NGS USED S OF DEATH? NO []
tentol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM II	B, PART 1 OR PART 2]	
olth ond Me morked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTOR)	1	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
stote Dept. of He		22a. I certify that (I) (this hospito saw the deceased olive on obove, (I) (we) (did) (did nat) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR)	view the bady after deat	h. 19, or	, 19 d that in (my) (our) apinian DEGREE ATTENDING PHYSICIAN [death accurred an the date and h	our and from the	
with W		BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	23b. DATE 4/8/81		 EMETERY OR CREMATORY Hospital	23d LOCATION CITY OR TOWN Cheverly PG	COUNTY	STATE
should be der with the Stote (MPORTANT)	24 F	BURIAL, CREMATION, REMOVAL	23b. DATE 4/8/81	P.G.	EMETERY OR CREMATORY	CITY OR TOWN	MD	

9120 711 · forest in the first of the second medical examiner must be notified at

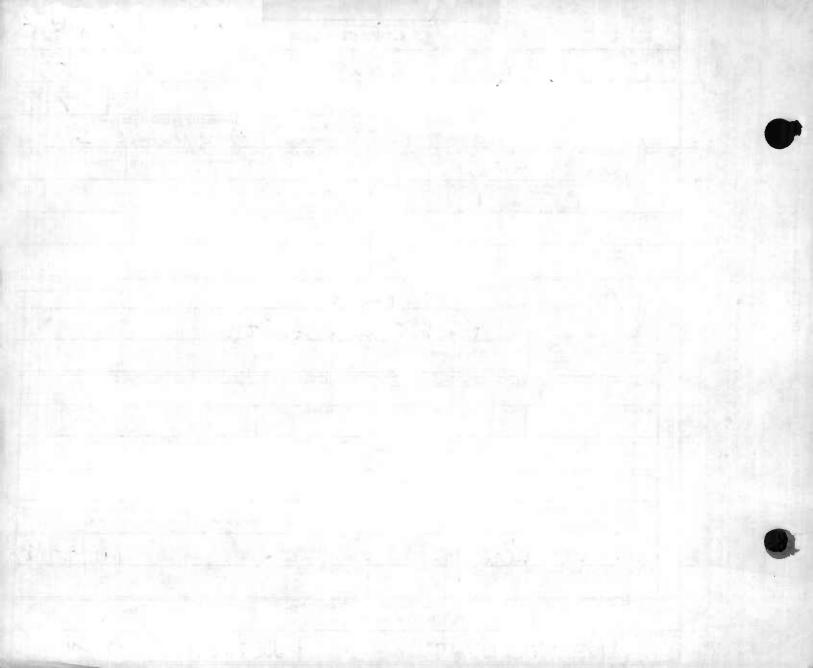
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	PRINTIPE PROPERTY A RACE A RACE APLACE (STATE OR FOREIGN APPLACE (STATE OR FO	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 80 - 3385								
I. DEC	CEASED NAME FIRST	A MIDDLE	60	LAST P	2e DATE OF DEATH		Y YEAR 26. HOUR			
3 SE)	Dary	PACE:	S DATE O	OF AIRTH	6 AGE (IN YEARS LAST BIRT	2-80	NDER I YEAR	F UNDER 24 HR		
3 357	Temole	Negro	MONT		AGE (INTERISTRATION	YRS		HOURS MIN		
	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNT	RY? 8 MARRIE WIDOWI	D NEVER MARRIED	Anne H		_			
7	Annapolis	1. NAME OF HOSPITAL, NUF			12e USUAL OCCUPAT (TYPE OF WORK FOR MOST C		126. KIND O INDUSTRY	F BUSINESS O		
USUA	AL RESIDENCE (IF NURSING HOMEOR C	THER INSTITUTION, GIVE RESIDENCE B		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS			- 17		
9 1				YES NO TX	1265 LaVa	lle Dr.				
14 FA	ATHER'S NAME FIRST MI			15 MOTHER'S MAIDEN NAM			unkno			
140 W		ED FORCES? 166 SOCIALS	ECURITY NO	Connie	ADDRI	SS	ULIVIIO	****		
	YES, NO OR UNKNOWN] (IF YES, GIVE Y	var or dates)		Connie Grie	r s	same as	above	13e.		
NO	Conditions, if any, which gave rise to immediate cause to stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(d	1		
CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, W IN CERTIFYIN YES	G CAUSES			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)			
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE		
	saw the deceased alive an above, (1) (we) (did) (did nat)	1		nd that in (my) (aur) apinian c	, ta leath occurred on the d	19_ ate and haur an		that (1) (we) li causes stated		
	27% SIGNATURE	Rice .			MEDICAL STA		22c. DATE	SIGNED 22/1		
				22e ADDRESS						
230 B	SURIAL, CREMATION, REMOVAL SPECIFY) Cremation	12/23/80		ew Memorial Pa	236 LOCATION CITY OR TOWN Bal	timore,	. BM	STATE		
24 FU	UNERAL DIRECTOR	ADDRESS		111	L 1 6 1981	250. REGISTRAR	'S SIGNAT	URE		

BP.

DHMH-16 25M (VRA 15, 4) 1/79



STATE OF MARYLAND

FOR



STATE OF MARYLAND



1		STATE OF MARYLAND								
1	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HY	GIENE							
1.	REGISTRAR	CERTIFICATE OF DEATH REG. NO. 80 -33388								
	HORPINIT HUGKOS.	Rabu Girl LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 2/980 3/2							
1.58	Frak	RACE S DATE OF BIRTH MONTH OAY 3 22 80 Y	6. AGE IN YEARS LAST BIRTHDA							
	BIRTHPLACE STATE OF POREIGN 76	CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH							
THE F	3, City	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SHOTPI SUCH FACILITY, GIVE STREET ADDRESS) THE STATE OF THE PROPERTY OF	178 USUAL OCCUPATION TO KIND OF BUSINESS ((TYPE OF WORK FOR MOST OF WORKING LEGY INDUSTRY)							
130	md. B.C	INER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 134, CITY OR TOWN! 134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS Clen Ave,							
	Unknown MD	Farm	MIDDLE HUSTLES							
	WAS DECEASED EVER IN U.S. ARME {YES, NO OR UNKNOWN]		Saban man Univ Hosp.							
(18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E IMMEDIATE O		APPROXIMATE INTERVAL RETWEEN ONSET AND DEAT							
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	CAUSE 10) Prematurity	MIMEN ONSET AND DEAL							
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (c)	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20s. AUTOPSY? 20s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF IC) NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER ITH. CONDITION FOR WHICH OPERATION WAS PERFORMED	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
NO	PART I. DEATH WAS CAUSED B IMMEDIATE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT COM THE DATE OF OPERATION THE ACCOUNT WAS DODIENTED.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER THE CONDITION FOR WHICH OPERATION WAS PERFORMED THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20. AUTOPSY? Wh. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO							
CERTIFICATION	PART I. DEATH WAS CAUSED B IMMEDIATE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CON THE DATE OF OPERATION THE DATE OF OPER	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 186. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 217. Detended the deceased from 19 DEGREE ATTENDING	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20s. AUTOPSY? VES NO							

DHMH-16 25M (VRA 15, 4) 1/79

BP

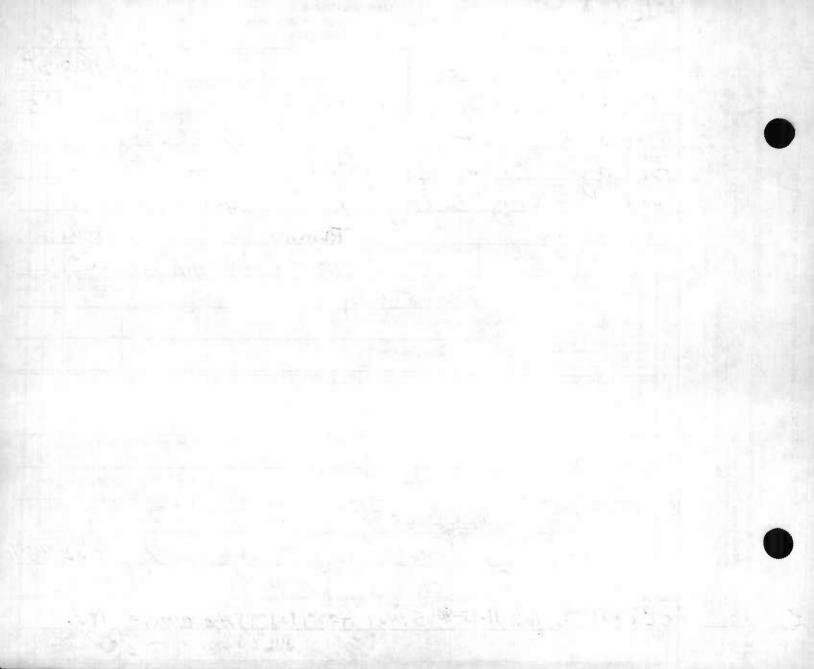
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illied in tay the funshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fund within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

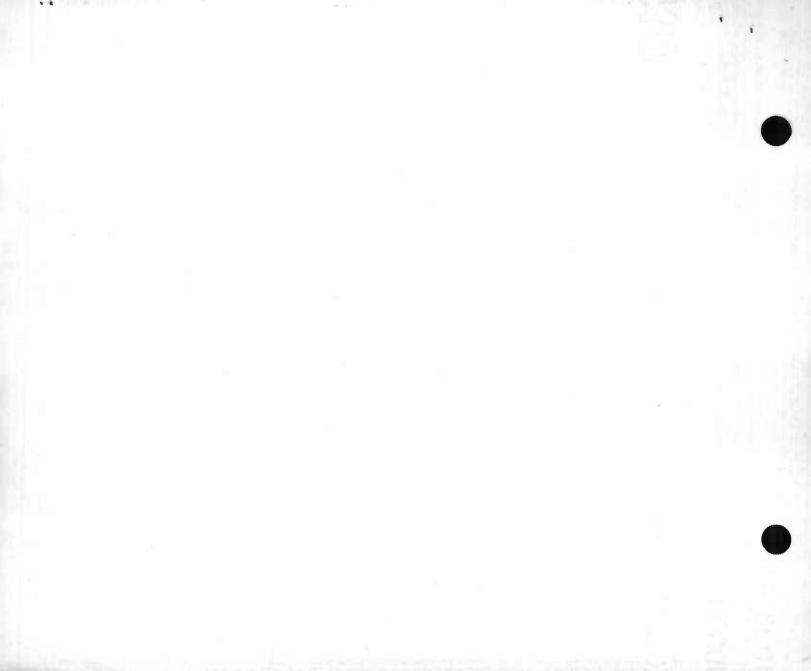
AD HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 cetimed by the hospital or attending physician.

16 25M PAME NAME

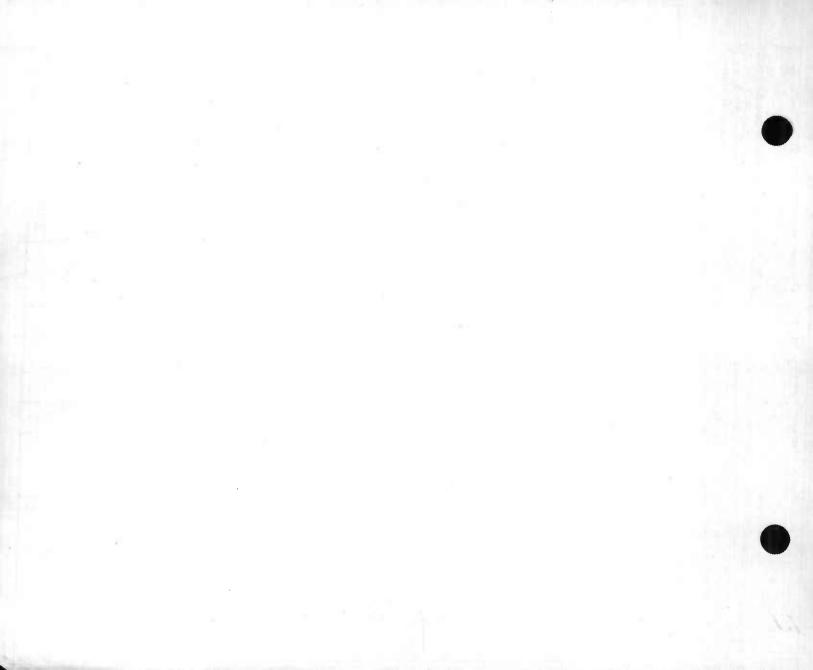
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TS DATE REC'D. BY REGISTRAR REGISTRATS SICAL URE

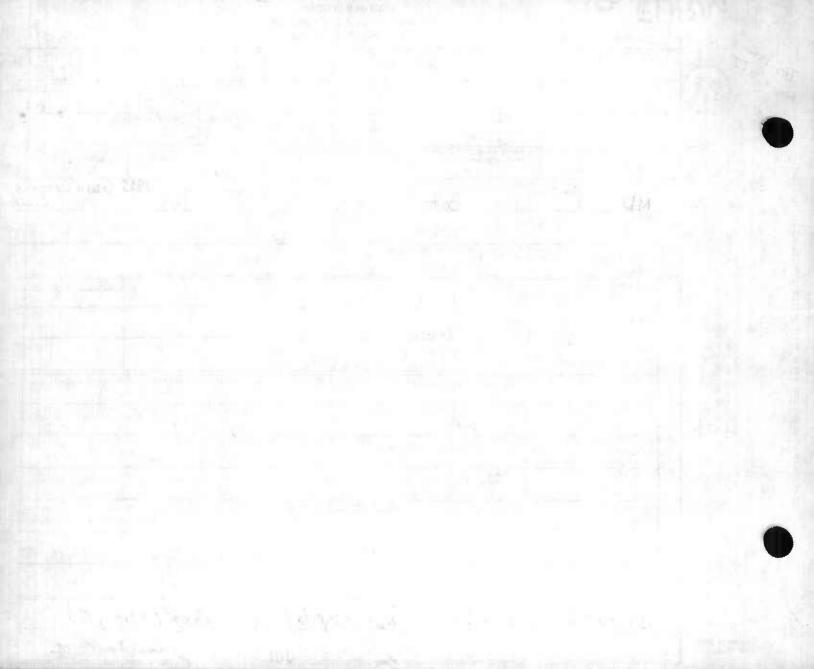




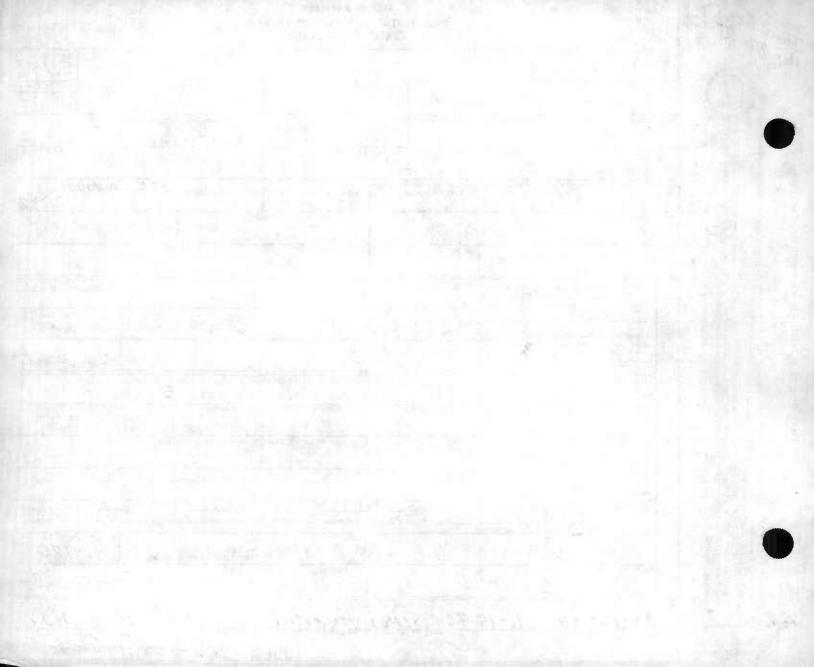
STATE OF MARYLAND



	1	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE REG. NO	. 80-33391		
A 1 Property of the state of th	TYP	CEASED NAME FIRST Baloy	Boy	Street		MONTH DAY YEAR 28. HOUR PA 10 7 80 10:58 M		
ge 4 mg	3 SE	× M	4 RACE	S DATE OF BIRTH MONTH OAY YEAR 10 7 80	& AGE JIN YEARS LAST BIRT	HOAY) H UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN		
Secret de la company de la com		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED E	D	RCOUNTY OF DEATH HIMSE (ity MD.		
by the fu	10 9	Batto. City	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESS) HOSPITA	178 USUAL OCCUPATE			
thin 24 ho	13e	MAD 13 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 134. INSIDE CITY LIMITS?	N	14933 Green Crost Re 2120		
ompletely and 2 sho	14 F	ATHER'S NAME	ADDIE STREET	15 MOTHER'S MAIDEN N	NAME MIDDLE	Street		
be exec and co ages 1.		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) IN YES, GIVE	WED FORCES? 166 SOCIAL SECU	RITY NO 17 INFORMANT	ADDRE			
quires that the death certificate igned by the attending physiciar please remove carbon papers. Purial, cremation, or removal.				PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause Io1, stating the underlying cause lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	piratory Failur NCEOF NCEOF NCEOF		BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH DITION GIVEN IN PART 1(0)
V: The law retet has been sippermit. Then prior to 3 shows any i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20€ AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		
DING PHYSICIAN tending physician. After this certificat is the burial-transit pth and Mental Hygis marked or Item 18	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEAT (SETTHER, NOTBY MEDICAL EXAMINER) 216. IN JURY OCCURRED WHILE OT WHILE AT WORK AT WORK		19 211 LOCATION	JRRED JENTER NATURE OF INJUI , CITY OR TOV			
hospital or a DIRECTOR: wed for use a lept, of Heal of Item 21 is				DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	19 80 , that (I) (we) last ate and have and from the causes stated 22c. DATE SIGNED 10 780		
etained by the ITO FUNERAL List fround be detact with the State DIMPORTANT: I		221. PHYSICIAN'S NAME LIYPE OR KITH D	Cylus	270 ADDRESS	· Haz-14	21		
BP	23o.	BURIAL, CREMATION, REMOVAL (SPECIEV)		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	Itimore, Md STATE		
DHMH-16 25M	24. F	UNERAL DIRECTOR	ADORESS	25e. D.	ATE REC'D. BY REGISTRAR	236, REGISTRAR'S SIGNATURE		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MIDDLE LAST 2ª DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT) Bahr OIR organ 4 RACE 3 SEX 5 DATE OF WIRTH IF UNDER 24 HRS & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH YEAR DAYS aucasian 80 ZerBIRTHPLACE STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 12h KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 55 E RANGALIST 13a STATE 13L COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21270 NOF YES [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST VORMON 1 agn arbara 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 144 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL If CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O)_ OR AS A CONSEQUENCE OF Monary Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last aph Ragma PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION clomes 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20R AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES [NO [21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 214 INJURY OCCURRED 71a PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 105125 PM 220 1 certify tho (1) this hospital ottended the deceased from 4:15 9/19 19 80 sow the deceased alive on 5:15 PM 9/19 obove. (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 77% SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22R ADDRESS Id be Hospital, Belvedere 23d. LOCATION 238 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMAFORY, 23h DATE 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR DHMH-16 25M NAME ADDRESS (VRA 15, 4) 1/79



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIF - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) Infant Girl Gould DEATH MATED EX 10 24,80 4 RACE IF UNDER 1 YR. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED female black 24 10 80 b:39, A DEAD YRS To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Prince George General Hospital FOR MOST OF WORKING LIFE) Cheverly UAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? COUNTY 13e STREET ADDRESS NO . 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION LYES NO ORLINKNOWN) (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Abandonment of newborn IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a. DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY ESC. 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONI UNDERLYING OR willfull neglect MEDICAL ? *** CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21 LOCATION 21d INTURY OCCURRED MD STATE STREET, FACTORY, FARM, ETC.) COUNTY CITY OF TOWN WHILE AT WORK at home 8231 Greenbelt Road Prince GeorgeCo. Inspection 22s. I certify that I took charge of the remains described obove, held an Inquiry and in my opinion Homicide XX Undetermined manner Assistant ACTUAL 10/25/80 SIGNATURE MEDICAL EXAMINER Hormez R, Guard, MD 111Penn Street, Balto., MD 21201 EXAMINER'S NAME (TYPE OR PRINT) ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE SPECIFY REMOVAL 3-24-81 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 VR A15 ME (5)) Mazyland Balt., Md. Anatomy Board of 15M7/76

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MPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND

1.	FOR STATE REGISTRAR				LTH AND MENTAL HYG ATE OF DEATH	IENE REG. NO.	20-	33.	394		
	CEASED NAME FIRST		WIDDLE	LAST	h. 1.94.3 01.	20 DATE OF DEATH MONE		YEAR	2b. HOUR		
	Leo		Hen	son		April 25, 1	L980		4:45A.M		
3 SE	X	4 RACE	5	DATE OF E		6 AGE LIN YEARS LAST BIRTHDAY		NDER I YEAR	IF UNDER 24 HRS.		
	Male	White	A	pril	22, 1894	86	YRS.	HS DAYS	HOURS MIN.		
70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	AAPPIED	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
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N	laryland Was	we or other institution OUNTY shington	GIVE RESIDENCE BEFORE ADM 13c. CITY OR TOWN Hagers town		d INSIDE CITY LIMITS?	13. SIREET ADDRESS 622 Chestnut	St.				
14 FA	ATHER'S NAME Alexander	WIDDIE	Henson	15	MOTHER'S MAIDEN NAM	WIDDIE	Ze	pp LAST	đ		
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TION			To the state of			NAL DISEASE OR CONDITIO					
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	RATION V	VAS PERFORMED		IF YES, WE CERTIFYING YES		OF DEATH?		
MEDICAL CEI	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FDEATH HOUR A.	M. MONTH DAY	YEAR	To HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART I	OR PART 2}	din p		
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		REET FACTORY OFFICE FARM	ETC)	II LOCATION STREET	CITY OR TOWN		COUNTY	STATE		
	220 1 certify that (1) (this h saw the deceased alive above, (1) (we) (did) (di	ospital) attended the on 25 Ar	e deceosed from 80 oril 19 80 ofter death		, ۱۷	to 25 APPII	, 19_ nd hour one		that (I) (we) lost couses stated		
	276. SIGNATURE	Sielen		MI	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		1/25 4/25	5/80		
	E. Bieber			22	Washington	County Hospit	cal				
230 B	BURIAL, CREMATION, REMO SPECIFY		27,1980 Fai		ETERY OR CREMATORY Cemetery	23d LOCATION Keedysville	. Wás	h'. Co	o., Md.		

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

Minnich Funeral Home 415 E. Wilson Blvd.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE May 1, 1980 Pinkney McCready

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR UNKNOWN 80-85 1. DECEASED NAME 20. DATE KNOWN MONTH DAY (TYPE OR PRINT) ESTI-DEATH MATED **JEANETTE** LUCKHART 9-?-8019 TENTATIVE 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 4:30F 53 DEAD 10-13-809 female white 271 ?YRS 70 BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City unk. unk WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Waitress woods 3900blk. Pinewood Avenue 2. AND 3 TO 1 3. RETAIN PA SHOULD BE P Baltimore Restaurant USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13c. CITY OR TOWN 13e. STREET ADDRESS 113b. COUNTY 13d. INSIDE CITY LIMITS? Balto. 2403 Halcyon Ave. Md. YES [NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Charles Luckhart Jean Lowry Dempsey 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT (YES, NO, OR UNKNOWN) 212-70-9175 Unkn. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG WINGED AS A BURIAL - TRANSIT PERMIT.
OF HEALTH AND MENTAL HYGIENE, BIRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Undetermined IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIQR TQ BURIAL, YES L. NO 21a FXTERNAL CAUSE WAS 2 lb. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 71f LOCATION AT WORK AT WHILE STREET, EACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY 22e. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Undetermined manner XX Hamicide TITLE (SPECIFY) DATE Assistant 10 - 13 - 80SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 230. BURIAL, CREMATION, REMOVAL 236 DATE 236. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 1/27/82 Removal BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 17 ADDRESS FEH (VR A15 ME (5)) Anatomy Board Balto., Md. 15M 2/80

Tools Tools

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EXECUT THE CERTIFICATE. PACE 4 SHOULD BE FORM. AFTER DEATH WITH THE ST. BALTIMORE. MARYLAND. 2	EXAMINER'	RINT		nyth, M.	D.	ADDRESS		n Stree	†	
Z 2 4 2	23a BURIAL, CREM	ATION, REMOVAL	236 DATE	23c. NAME	OF CEMETERY C	OR CREMATORY	23d. LOCA CITY OR 1	TION	COUN	STATE
	24 FUNERAL DIR						TE REC'D. BY RE	GISTRAR 256 R	EGISTRAR'S SI	IGNATURE
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-	1	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	HYGIENE	REG. NO	. 80)-33;	397
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ctor,		MALE		WHIT		MAR	CH 20, 1917		63	YRS	MONTHS DAYS	HOURS MIN
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201 ors oft i by th filed e nontited	BALTIMORE			11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 5 SAYREWOOD CT		DD CT			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) EXECUTIVE			CLOTHING
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ALTIMORE te be executorian and colors. Pages II.	16a \	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES]	212-10-		5 SAYREW		HORTENSEE T. BAI	VALENTO.,	MD 2:	1208
(DS, 201 W. PRESTON ST., BAI equires that the death certificate is signed by the attending physic Then please remove carbompape to burial, cremation, ar remaval, niury, or ather traumatic event, th	NO	Conditions, if ony gove rise to im couse 101, statiunderlying couse	, which mediate ng the e last	DUE TO, O	DR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TI					
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000 BP	(BURIAL, CREMATION, SPECIFY) BURIAL		JUNE :	1, 1980	HAR S			OWINGS M		BALTO.	⁵ TMD
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR NAME 6010 REIST			ON & BROS		J .	JUN 3	d. by registrar 1980	Sb. RESS	TRAR'S SIGNAT	reedy .

